Yukon Health Promotion Research Program - Part 4

An Accounting of Health: What the numbers say

A review of the methodology and the results of the 1993 Yukon Health Promotion Survey

March, 1994

Government of Yukon
Executive Council Office
Bureau of Statistics

This paper is one in a series of four reports on the Yukon Health Promotion Research Program. Report #1: **What the professionals say**, provides a review of the relevant literature of interest in the consideration of a health promotion survey. Report #2: **What the individuals say**, outlines the results of the qualitative research component of the research program. Report #3: **What the groups say**, provides documentation of the focus group methodology and results. Report #4: **What the numbers say**, presents the methodology and the results of the 1993 Yukon Health Promotion Survey.

- Report #1: **What the professionals say** — Fall 1992

  A review of the considerations of the health promotion research program

- Report #2: **What the individuals say** — Winter 1992/93

  A review of what Yukoners say about the concept of health

- Report #3: **What the groups say** — Spring 1993

  A review of what the stakeholder groups say about the issues and concepts of health

- Report #4: **What the numbers say** — Winter 1993/94

  A review of the methodology and the results of the 1993 Yukon Health Promotion Survey

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Glenn Grant
Director, Yukon Bureau of Statistics

***For further information** on the Yukon Health Promotion Research Program or information about the activities and publications of the Yukon Bureau of Statistics, write, telephone or fax to:*

Government of Yukon
Executive Council Office
Bureau of Statistics (A-8C)
Box 2703
Whitehorse, Yukon
Y1A 2C6
Telephone: (403) 667-5640
Fax: (403) 668-7887

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Yukon Health Promotion Research Program

A. *Introduction*

What are the concepts, correlates, and priorities of health? How do Yukon residents perceive their health? What do Yukon residents do to promote their health? What are the life-style behaviours, attitudes, and beliefs of Yukon residents? What are the interrelationships and correlates between Yukon residents' attitudes, behaviour, and subjective measures of health? These are the questions of the health promotion research program.

The Health Promotion Research Program contributes to the translation of public policy into action. Without a theoretical or programmatic knowledge base the links between political direction, policy, and programming are tenuous at best. As an integrated and policy-focused program of inquiry, the Yukon Health Promotion Research Program contributes subjective knowledge of community and organizational health and health needs of the Yukon.

Health strategies and policies are built on knowledge--knowledge of the communities' concepts of health, their beliefs, attitudes, behaviours, and priorities. The combined components of the Yukon Health Promotion Research Program are oriented to obtaining this knowledge.

B. *Mission*

The overall mission of the Health Promotion Research Program is to contribute to the improvement of the social, mental, spiritual, and physical well-being of all Yukon residents. This broad objective translates into the following goals:

- To contribute a knowledge base related to the achievement of healthy life-styles by providing a Yukon understanding of the concepts of health and healthy life-styles.

- To foster behaviour to improve health within living and working conditions indirectly through the development of information for health professions.

- To increase public awareness and knowledge by providing usable knowledge and by assuming the responsibility for interpreting and disseminating this knowledge.

- To increase the effectiveness of practitioners by providing a variety of explanatory knowledge including qualitative and quantitative forms.

- To provide theoretical and program information to develop new programs and improve existing programs. Policy and programs are built on knowledge--it is the objective of social science research to reduce the uncertainty of the decision-making environment.

- To provide a focus to and coordination of strategies and policies for the Government of the Yukon. The research itself serves as an important catalyst between interdepartmental interests and attention to health.

- To involve stakeholders and to increase public participation. The research serves as a case study in formal [not presentational] public consultation. Both the qualitative and stakeholder components [focus group validation] are important experimental consultative tools.

- To increase Yukon residents' capacity to exert control over the factors that affect their health by developing Yukon definitions of health and by providing Yukon residents with Yukon information and knowledge to make their own decisions and to screen critically the messages received from all sources.

- To undertake and provide meaningful organizational and policy research consistent with the mandate of the Yukon Bureau of Statistics. This is a personal commitment by the YBS to take its role in the organization extremely seriously and to accept the responsibility not only to develop professional research but also to ensure the integration of this research into the policy and program functions of the organization.

- To shed light on life-styles and health behaviour, personal characteristics related to life-styles, perceived environmental conditions, and perceived health and to determine the prevalence, distribution, behaviours and status of the population.

Program Overview

The objective of this research is to develop a broad reporting of behaviours, attitudes, and understandings related to health. It is the intention of the research to build policy-focused research that will support the implementation of the Yukon Health Act. This Act is based on a socio-ecological perspective of health. As a consequence, the research program uses methodologies that are sensitive to Yukon residents, their unique understanding of health, and their priorities. This multi-method research program includes both qualitative and quantitative methodologies. The research also includes phases of policy integration and utility-focused evaluation. The substantive content of the research is the development of information necessary for health policy and program implementation. Several phases were undertaken.

The first three phases:

Phase I: Literature Review, Phase II: Qualitative Review and Phase III: Stakeholder Review represent pre-survey research (of concepts, meanings, language, and priorities) necessary to ensure the greatest utility and effectiveness of the fourth stage. These first steps are formalized consultation and community validation phases required to ensure a Yukon grounded knowledge base.

Fourth phase:

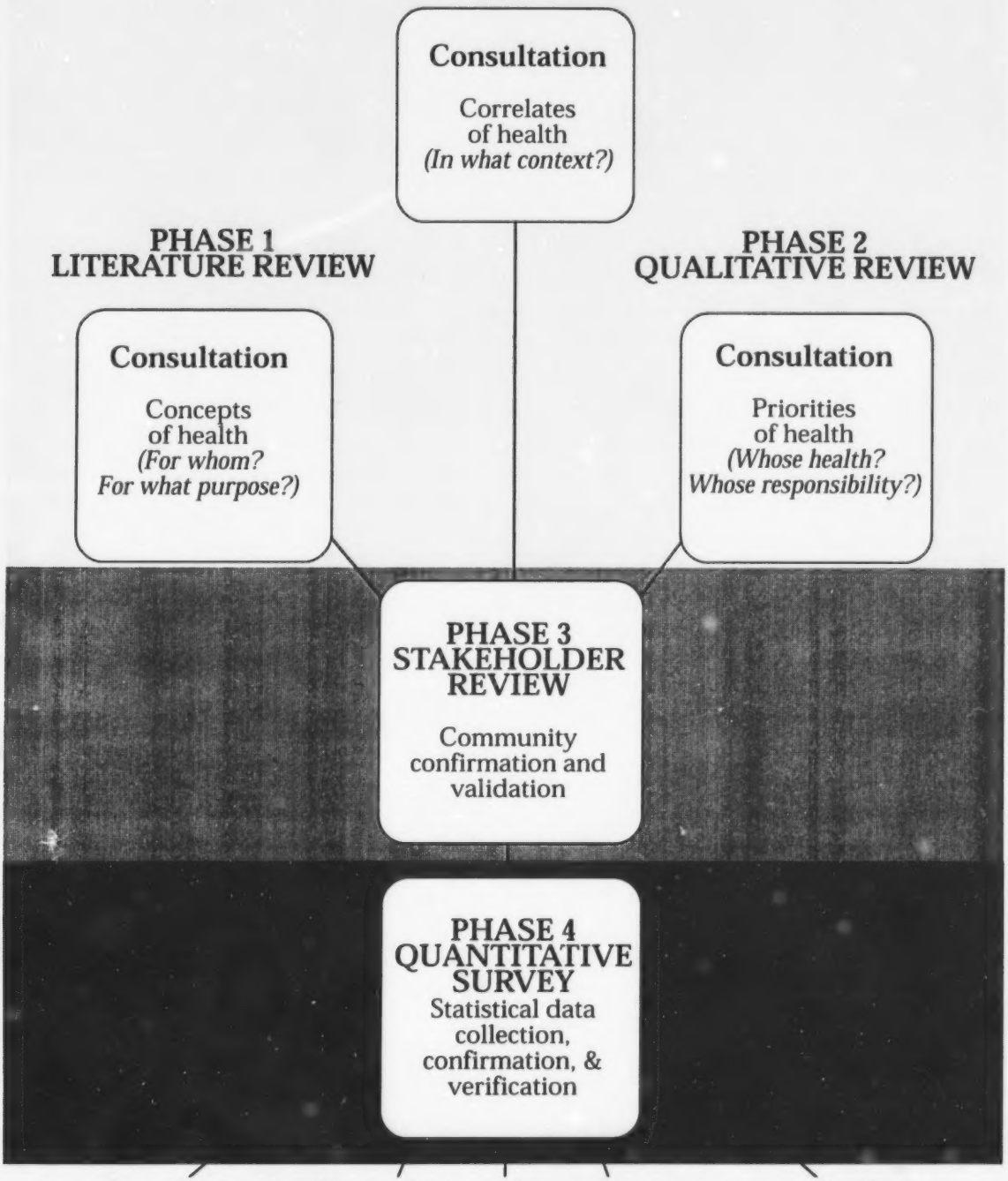
Phase IV: Yukon Health Promotion Survey (YHPS). This phase involves the design, administration and statistical analysis of a general population survey in the Yukon.

The pre-survey phases represent a thoughtful research strategy to develop an understanding of Yukon residents' views of health. The stakeholder review, in conjunction with the literature and qualitative review, will assist in defining a collective consensus on the concepts of health. This research strategy represents an innovative approach to confirming or verifying the reading of the analytical categories of health promotion (health promotion literature) and the statements of the residents of the Yukon (qualitative research). Phases I, II, and III are unique research endeavors unto themselves and produce knowledge oriented to the immediate policy and evaluative demands of the newly enacted Yukon Health Act. These initial phases provide an understanding of Yukoners' concepts of health, what Yukon residents perceive as meaningful ways of measuring health (health indicators or how one knows when health is present in the community), and of how Yukon residents prioritize their health.

The pre-survey research provides a sound base on which the Yukon Health Promotion Survey is constructed. The purpose of the pre-survey research is to ensure a meaningful health promotion survey: meaningful in terms of the participants expressed needs, the policy needs, and the demands of the North and national program implementation.

Health Promotion Research Program

Outline



1 INTRODUCTION

1.1 Objectives

This paper offers a portrait of the results from the Yukon Health Promotion Survey. It has two objectives:

- This report offers a documentation of the survey phase of the Health Promotion Research Program. The detailed methodological section describes how the survey was undertaken. In addition to this section, a comprehensive appendix contains copies of the instrument, control forms, and other relevant materials associated with the interpretation of the results.
- The second objective of this section of the research is to provide a broad reporting of the results of the Yukon Health Promotion Survey in simple tabular and graphic format. Policy questions must be informed and be focused on need — it is the purpose of this report to provide an initial understanding that will initiate more informed questions and lead to more in-depth secondary analysis.

A second phase of analysis will deal with specific analytical issues in the form of thematic papers. These papers will provide a depth of understanding on single topic areas that cannot be supported in the present format. Major policy and planning priorities will set the agenda for the subsequent release of this secondary analysis. The topics of the secondary analysis will build upon the foundation of this section of the following paper.

This paper is directed at policy and planning analysts. Its purpose is to serve the objectives of a government health organization. The level of analysis is broad rather than focused. The objective is to initiate questions rather than answer them. Organizational research must be informed by the priorities of its host. The Y.H.P.S. provides a basis from which to proceed. The Yukon Health Promotion Research Program is a process not a single product. This paper will begin the analysis phase by offering a tour of the information and an indication of the potential utility of the survey. Secondary analysis will be built on the questions that this paper will spawn—efficiency dictates this sequence.

Many of the sections of the survey are analyzed using simple independent variables such as gender, age, geography, and income adequacy. Much of the analysis is simple cross-tabulation. This level of analysis is appropriate for providing a portrait of the obvious interrelationships. Many of the following cross-tabulations are confounded with the interactions among several analytic variables. To go beyond this level of analysis would be premature and negate the attempt to have sophisticated analysis guided by the explicit policy and planning requirements of the organization. Although there are many obvious opportunities for higher order analysis, the temptation to expand the scope of analysis was restricted. Rather, the design favours keeping the primary analysis at a level that would cover all aspects of the survey at manageable level of detail.

2 METHODOLOGICAL AND POLICY FRAMEWORK

2.1 Qualitative and Quantitative Origins

The Yukon Health Promotion Research Program integrates two traditions of research — qualitative and quantitative. This chapter provides a brief background of these two traditions and discusses the needs of government policy research and the applications of these traditions to the need of the organization.

> *"The social scientist is trained to think he does not know all the answers. The social scientist is not trained to realize that he does not know all the answers."* (Cronbach, 75)

There is no single absolute method nor is there an exclusive methodological stance. Social scientists do not have all the answers, rather they inform, offer insights, determine what is feasible, or provide their form of knowledge to others. The Yukon Health Promotion Research Program represents multiple purposes and assumptions and consequently has applied two methodological stances informed by separate research traditions.

The role of methodology is to chart the "course between the extremes of inert skepticism and naive credulity" (Campbell, 78). Method is not innocent, it is implicated by its purposes and assumptions. Our understanding of what constitutes scientific method has shifted from a Cartesian notion to the present 'interpretive turn'. Method (or more accurately methodology) refers to the philosophic framework, the fundamental assumptions and characteristics of a human science perspective, it is the theory behind the techniques of research. Rather than argue the superiority of one method over another, this research adopts a pragmatic position that uses research methods according to their comparative advantage.

The terms qualitative and quantitative research have been overused and no longer adequately describe the variation of explanation in social science research. Nevertheless, despite the ambiguity of the terms, they do offer a means of describing the research program from differing perspectives. Within this research program these perspectives are not seen as conflicting but as complementary paradigms of research philosophy. For practical purposes, quantitative research will be described as postpositivist while qualitative is associated with the interpretive school of social science. Those researchers informed by either of these traditions will be offended by this gross simplification but this simplification offers a means to discuss the contributions of the two methodologies of the research.

2.1.1 Quantitative research (postpositivist social science)

Postpositivist social science inherited its origins from the natural sci-

ences. The objective of postpositivist method is to identify regularity in the social world that can be observed and expressed in empirical laws or relationships. Its origin reflects early attempts to apply the scientific method to human affairs (Comptean), the adoption of a verification principle of meaning through empirical observation, and the application of human behaviourism and empiricism.

Postpositivism has moved considerably from its origins and now represents a collection of many researchers, methods, and assumptions. Postpositivism is not a single dogmatic position yet some common assumptions can be identified. Although simplistic, these assumptions serve as a stereotype used by both critics and supporters of postpositivism. First, ontologically there is a tangible reality 'out there' that can be studied independently. Second, epistemologically there exists a possibility of separation of the observer from the observed. Third, generalizability is possible between contexts. Fourth, linear causality exists. And fifth, method can be value-free. Put another way, the essence of the postpositivist position is that social facts can be viewed in an objective way, are logically separate from the values of the researcher, and are capable of being described and investigated in a neutral manner.

The aim of postpositivist social science is to discover and articulate laws and generalizations about cause and effect relationships in the social world. The observer is present as an objective and accurate conveyor of this discovery in the format of theory, generalizations, and propositions. From the postpositivist perspective, a science of social action is possible only on the condition that law-like relationships apply to observable or expressed behaviour of people.

As stated, the natural sciences have served as the paradigm of knowledge and the resultant methods emphasize controls and empirical methods of empirical experimentalism. These methods are typified by experimentation, survey interviews, and other controlled observation. The postpositivist searches for facts and causes through methods such as survey questionnaires to analyze and confirm or discover relationships and causality between variables.

2.1.2 Qualitative research (interpretive social science)

Interpretive social science is a product of the German idealist tradition of social thought. In emphasizing the experiential, the spiritual, and the transcendental. This stance traces its origin to such names as Kant, Dilthey, Weber, Husserl, and Schultz. This position is informed by the desire to understand the social world from the perspective of subjective experience and from the reference of the participant. Interpretive knowledge is grounded, emic, and tacit. The term 'interpretive science' is imprecise and has been used interchangeably with a host of labels including symbolic interactionism, ethnomethodology, phenomenol

ogy, hermeneutics, ethnography, critical theory, gender studies, and semiotics. In the context of the Yukon Health Promotion Research, interpretive science or qualitative research is used to describe primarily phenomenology and hermeneutics.

Nietzche's famous line "who ever is searching for the human being first must find the lantern" suggests a need for human methods, and softer internal methods of understanding if we are to access the social world. The lantern here is phenomenology, a description of lived experiences and the understanding of social phenomena from the actor's own perspective, and hermeneutics as interpretations of experience via some 'text' or via some symbolic form.

The purpose of interpretive social science is to understand the social world from the point of view of others and to make this intelligible world in the practical language and interpretations of everyday life. To understand significance, interpretive social science must engage the observer in the purposes of the research—they are not objective to the research, they must be involved for the researcher to understand. Heidegger shows that every interpretation—even scientific interpretation — is governed by the situation of the interpreter. This is the basis of the qualitative aspects of the Yukon Health Promotion Research.

Gadamer describes the interpretive method as an existential encounter with something different from ourselves. This method bridges science and the life-world. The phenomenological theme "to the things themselves!" expresses a method that accesses 'things' without the distortion of theories or anticipatory ideas of any kind. Themes of interpretive methods include the insistence on real world settings, non-manipulative, unobtrusive methods, and methods that subjectively emphasize inductive and holistic perspectives. In short, the survey component is a language of facts but the qualitative component only interpretive legitimized the meaning of these facts.

2.1.3 Methodological pluralism

The context of this research is the government organization. The purposes and the assumptions of this form of organizational research are not the same as other forms of research. Governments and organizations require research not only to gather information but to integrate it into the organization. A single form of research cannot meet the complex demands and diversity of government policy research alone. Multi-purpose and multi-method research must contribute in several areas of inquiry and must do so by exhibiting strategies that contribute to its utility.

Areas of inquiry

First, government research deals with 'problems' — framed social, economic, or environmental regularities that are of concern to an organization. Organizational research provides the means of defining or constructing problems in ways that are accessible to the actions of the organization. Governments solve problems indirectly through policy and directly through program and service delivery. The challenge for research is to find ways of understanding problems by constructing them analytically in ways meaningful to the organization. The nature, scope, and complexity of problems faced by contemporary government cannot be accommodated meaningfully if the research is limited by a single research stance, qualitative or quantitative.

Second, organizations respond to problems — responses are the program and services of government organizations. Each response is a solution to some defined problem. It is the policy that determines the theoretical content of a solution. Organizational research informs the program during the design, implementation, monitoring, and evaluation stages about the client base, their characteristics, attitudes, behaviour and beliefs.

Last, research must contribute to the theoretical rendering of problems into these responses — policy. Those who influence the direction of organizations, have great discretion over what problems are perceived as being legitimate and what solutions deemed appropriate. Although not usually described in this manner, policy is simply applied theory. The construction of theories of how to translate problems into solutions is essentially a theoretical process. Theory can be both generative and confirmatory; each aspect necessitates both forms of research. Policies select problems for response and they prescribe the solutions. The role of research is to provide knowledge used in the theories that determine solutions. Social science offers effective public policy the knowledge of what is feasible, practical, or theoretically possible. To remain uninformed of this knowledge is an abdication of accountability.

Strategies of utility

The purposes of organizational research are guided by the priorities of the organization and the objective to effect change. The rigor of the research is no less demanding than other forms of research, yet the standards and the means of evaluating success are different. Success is an evaluation of the outcomes rather than the outputs of research. What follows is a broad framework of the precondition for success for organizational research. The qualitative and quantitative components of the research contribute these preconditions to use in different ways.

Positioning is essential for research. Research must be situated, in some meaningful way, to an objective of an individual member, functional

unit, or strategic direction of the organization. The qualitative components of the research (long interview and focus groups) constructed the local context to provide the references for acceptance by organizational members and those outside the organization. Akin to cultural markers, users of research require reference points that explicate the relationship between themselves and the activity of research.

Organizational research must end in action. Action is the objective of this form of research. Without action, research has little value to the organization. Programs, policies, and problem solving are pure organizational action. Action is relevancy for research. The qualitative research constructed an anticipation for action, provided the language of action, and offered a vehicle to present the entire research project. The quantitative research offered the market research facts consistent with health promotion action.

Credibility is a precondition to the acceptance and utility of research. Not only is credibility the acknowledgment of the standard research concepts of validity and reliability, it transcends these requirements and extends into the practical standards of personal understanding and utility. If the context is meaningless so are the results, despite the rigorous methodology of the research. Standards vary according to purpose, yet they must exhibit the qualitative standards necessary for the purposes to which the methodology or the research is applied. The qualitative research provides the linkage to common sense and of practical understanding while the qualitative research offered the control and scientific standards expected of survey methods.

Translation of research must be accomplished. The most often overlooked component in any research is finding ways to transform research data into action. This transformation is a three step process involving (1) data into information, (2) information into meaning, and finally (3) meaning into action. The researcher must accept not only being the instrument of research methodology, but also take the responsibility to communicate the product of research to the user. The two research approaches complement each other. The qualitative offered an understanding of the language, the categories, and the concepts of the research participants, while the quantitative collects the required information on attitudes, beliefs, and behaviour. The qualitative provided the vehicle to translate what was collected back to the respondents. And once again the quantitative results were a source information to have qualitative research react and explain the results of the survey. This dialectic offers a great potential to integrate these two sources of knowledge.

2.1.4 Contribution of the qualitative perspective

As developed above, the integration of the two research stances is a

complementary not a competitive interaction. Each research component provides information that is important to the entire research program. In addition, each component provides information that in itself is a contribution to the understanding of health.

The qualitative research offers the program a cultural review of the study population, its language, categories, and understandings necessary to construct a quantitative instrument. Upon completion of the qualitative components, the expressions of Yukon health become part of the research structure. The words, expressions, linkages, and associations of Yukoners are used in the wording, concepts, and contents of the questionnaire. In addition, the same understandings are used in the interpretation and translation of the research. In this respect the qualitative becomes the generative and interpretative dimensions of the quantitative while the qualitative provides a focus and structure for the quantitative.

3 SURVEY INTRODUCTION

3.1 Preamble

Personal and population health status is a consequence of environmental and individual influences. To anticipate effectively, control, and influence positively health, basic and reliable information is required. Yukoners have both the right and the need to know about their health and the behaviours, attitudes, and beliefs that contribute to health. Health promotion research provides the information required to focus health programs, to influence costly risk-taking behaviour, and to offer appropriate and directed services to the customers of government health programs. The central purpose is to contribute to the improvement of the social, mental, spiritual, and physical well-being of Yukoners through personal and government action. At the personal level, information permits Yukoners to make their own choices and choose to effect change in their own health behaviours and attitudes. At the broader level, this same information stimulates debate, informs policy decision making, and most importantly permits the efficient and effective targeting of customer-oriented and responsive government services.

In short, health promotion research is basic market research. Typically market research provides businesses with cost-effective and efficient ways of knowing their customers, techniques of targeting communications, and the essential means of constructing services to meet the needs of customers. The Yukon Health Promotion Survey (Y.H.P.S.) is a tool for profiling the health customers of government. This market tool offers the information that will allow this government to rationalize existing programs, target services to high risk or

high cost customers, and to develop an understanding of health behaviour consistent with accountable public policy. As health resources and funding become increasingly scarce, rational decision making must be informed by credible social science research. The Yukon Health Promotion Survey, and the research program from which it emerges, has already been acclaimed as innovative, credible, and above all, utility-focused. This research has been grounded entirely in the Yukon and reflects the thoughtful interviews of over 80 individuals, focus groups with almost 180 Yukoners, and the involvement of many Yukon health organizations and agencies.

The Y.H.P.S. is the end result of extensive research, consultation, and joint effort on the part of the Yukon Bureau of Statistics, the Institute for Health Promotion Research (UBC), Carleton University, Health and Welfare Canada, Statistics Canada, the Yukon Department of Health and Social Services, and many individuals and collective Yukon consultations (Yukon Medical Association, Yukon Nursing Association, Council for Yukon Indians, and many other Yukon community agencies or organizations). This project has been sponsored by a grant from the National Health Research and Development Program, Health and Welfare Canada as well as financial and personnel contribution from the Yukon Department of Health and Social Services and the Yukon Bureau of Statistics.

3.2 Questionnaire

3.2.1 Questionnaire framework

The questionnaire is provided in the appendix of this paper. The logic of the questionnaire follows that of the National Health Promotion Survey and the insights and understanding from the qualitative phase of the research. Three major sections are used: population, health environment, and health care utilization. These three sections are part of the environment that influences the health status of a population. If health status is to be improved, then means of improving health status must address improvement of the environment. Each of the three sections is directed at providing information relevant to the population profiles, interrelationships, or linkages essential for future health promotion research, policy, and programming.

Questionnaire Framework

Health Environment
Physical
Socio-cultural
Economic

Systems for Health
Legislation
Policies
Programs
Evaluation

Yukon Health and Well-being Status
Physical
Mental/Emotional
Social
Spiritual

Individual Family
Community

Population Characteristics
Behaviour
Attitudes, Knowledge & Beliefs

Services Utilization
Bio-medical
Lay & Popular
Complementary

3.3 *Major Independent Variables of Analysis*

The following briefly outlines the less obvious independent variables used in the survey summary of results. Other variables such as age, gender, and self-reported categories such as excellent, very good, or poor are not documented.

3.3.1 *Alcohol Patterns*

Alcohol behaviour is subdivided into the categories developed during the 1990 Yukon Alcohol and Drug Survey. These categories are:

Abstainers	Those respondents who report having never consumed alcohol.
Former drinkers	Respondents who report previously drinking alcohol but do not presently (in past 12 months).
Current drinkers	
Light infrequents	Those current drinkers who drink less than 5 drinks per occasion less than 4 times per month.
Light frequents	Those current drinkers who drink less than 5 drinks per occasion 4 times per month or more.
Heavy infrequents	Those current drinkers who drink more than 5 drinks per occasion, less than 4 times a month.
Heavy frequents	Those current drinkers who drink more than 5 drinks per occasion 4 times per month or more.

3.3.2 *Body Mass Index*

The Body Mass Index is a calculated measure using the following formula:

$$B.M.I. = \text{weight (Kg)} / \text{Height}^2 \text{ (m)}.$$

This measure is restricted to the population 20 to 64 years of age. Four groups are defined in the test of this report:

Underweight	less than 20
Acceptable weight	greater than or equal to 20 to 25
Possible overweight	greater than or equal to 25 to 27
Overweight	greater than 27

3.3.3 *Bradburn Scale*

The standard Bradburn battery of questions were included in the questionnaire. These questions were scored and the scores of this scale were summed and the total was then used to divide the population into quintiles. (Quintiles divide the population into five equal groups using the scores from the scale.) These quintiles provide a means of exhibiting the relative positive or negative well-being or happiness of the population for analysis. For details on the questions used refer to the questionnaire in the appendix.

3.3.4 *Canada's Food Guide*

For the questions evaluating respondents eating behaviour according to the Canada's Food Guide, adjustment on the data has been performed. To compensate for the differences between a respondent's serving and those used by the Canada's Food Guide (i.e., a respondent's serving of meat may represent several 3.5 ounce serving according to the Canada's Food Guide) actual responses were scaled using a caloric intake as a proxy. For separate age and gender groups, caloric intakes were computed and then compared to the standard caloric requirements for those sub-populations (age and gender specific). The differentials between the computed and the reported caloric intake were used to approximate and adjust respondent servings to quantifiable serving used by the Canada's Food Guide at the specific age and gender level.

3.3.5 *Community*

The Yukon was divided into two groups:

Whitehorse	Whitehorse and surrounding areas.
Other	Includes Dawson City, Watson Lake, Faro and samples from other Yukon communities.

3.3.6 *Eating Behaviour Index*

The Eating Behaviour Index is a simple index based on the responses of questions asked in the questionnaire item K5. Each response was recorded and scored on a scale that indicated positive or negative eating behaviour. The scores of this scale were summed and the total was then used to divide the population into quintiles. (Quintiles divide the population into five equal groups using the scores from the scale.) These quintiles provide a means of exhibiting the relative positive or negative behaviour of the population. Details of what questions were used and the scores assigned are included in the appendix.

3.3.7 *Eating Knowledge Index*

The Eating Knowledge Index is a simple index based on the responses

of questions asked in the questionnaire item K5. Each response was recorded and scored on a scale that indicated positive or negative eating knowledge. The scores of this scale were summed and the total was then used to divide the population into quintiles. (Quintiles divide the population into five equal groups using the scores from the scale.) These quintiles provide a means of exhibiting the relative positive or negative knowledge of the population. Details of what questions were used and the scores assigned are included in the appendix.

3.3.8 Education

This variable exhibits education within three categories. Each category is mutually exclusive and incorporates the highest level of education completed or partially completed. Specifically:

Elementary	Grade 8 or less.
Secondary	Equal to or less than high school leaving but greater than elementary.
Post secondary	Equal to or less than college or university diploma or degree but greater than secondary leaving certificate.

3.3.9 Employment

This variable breaks down all respondents into the two basic labour force status groups.

Employed	Those respondents who responded yes to the question 'are you currently employed?'
Unemployed	All those not falling within the above definition.

3.3.10 Households

Several types of household information have been used in the tables. Please note the titles for a clear description of what household is being used as the unit of analysis.

3.3.11 Income Adequacy

Income adequacy represents a combination of income and household size and was calculated using the following conventions:

Poor:	Households with an income less than $10,000 for 1-4 persons, or households with an income less than $15,000 for 5 or more persons.
Other poor:	Households with an income from $10,000 to

$14,999 for 1 or 2 persons, an income of $10,000 to $19,999 for 3 or 4 persons, or an income of $15,000 to $29,999 for households of 5 or more persons.

Lower Middle: Households with incomes of $15,000 to $29,999 for 1 or 2 persons, $20,000 to $39,999 for 3 or 4 persons, or $30,000 to $59,999 for 5 or more persons.

Upper Middle: Households with incomes between $30,000 and 59,999 for 1 or 2 persons, $40,000 and $79,999 for 3 or 4 persons, or $60,000 and $79,999 for 5 or more persons.

Rich: Households with $60,000 or more for 1 or 2 persons or $80,000 or more for 3 or more persons.

3.3.12 *Industry*

Reports respondents by standard industrial coding. The following are the full names of the categories used in the tables. All coding and classification was done according to the national Standard Industrial Classification coding conventions.

Resources industries (examples include mining, forestry), manufacturing, and construction

Transportation, communication

Government

Trade, business, and educational health service

Accommodation and all other

3.3.13 *Labour Force Status*

Respondents were classified into a combination of occupational and labour force categories. These include:

Managerial/ professional All respondents in administrative, managerial, or professional occupations.

Other white collar All respondents with other office-related occupations not covered above.

Blue collar All respondents with other occupations not covered by the two categories above.

Student

All respondents whose primary activity was being a student.

Working at home

All persons who work in the home.

Note: Does not refer to consultants or businesses situated in a home. These would fall under self-employed individuals and classified in one of the first three groups.

Other/no job

All respondents not part of the labour force or those without employment.

4 SURVEY METHODOLOGY

4.1 Overview

The Y.H.P.S. is a general population survey of the residents of the Yukon. Field work including all telephone operations and personal interviews was conducted during the months of January, February, and March of 1993. All operations were conducted by the Yukon Bureau of Statistics and reflect the standards and controls consistent with rigorous and professional survey methodology.

The target population for the Y.H.P.S. was all Yukon persons aged 15 years or over during the survey period of January to March 1993. Yukoners residing in prisons or other institutions such as hospitals were excluded from the sample. In addition, residents living in some of the large census unorganized portions of the Yukon were similarly excluded from the sample frame. These areas are characterized by thousands of square kilometers devoid of significant concentrations of population and presented operational and financial challenges beyond a Yukon winter survey.

4.2 Coverage and Sample Design

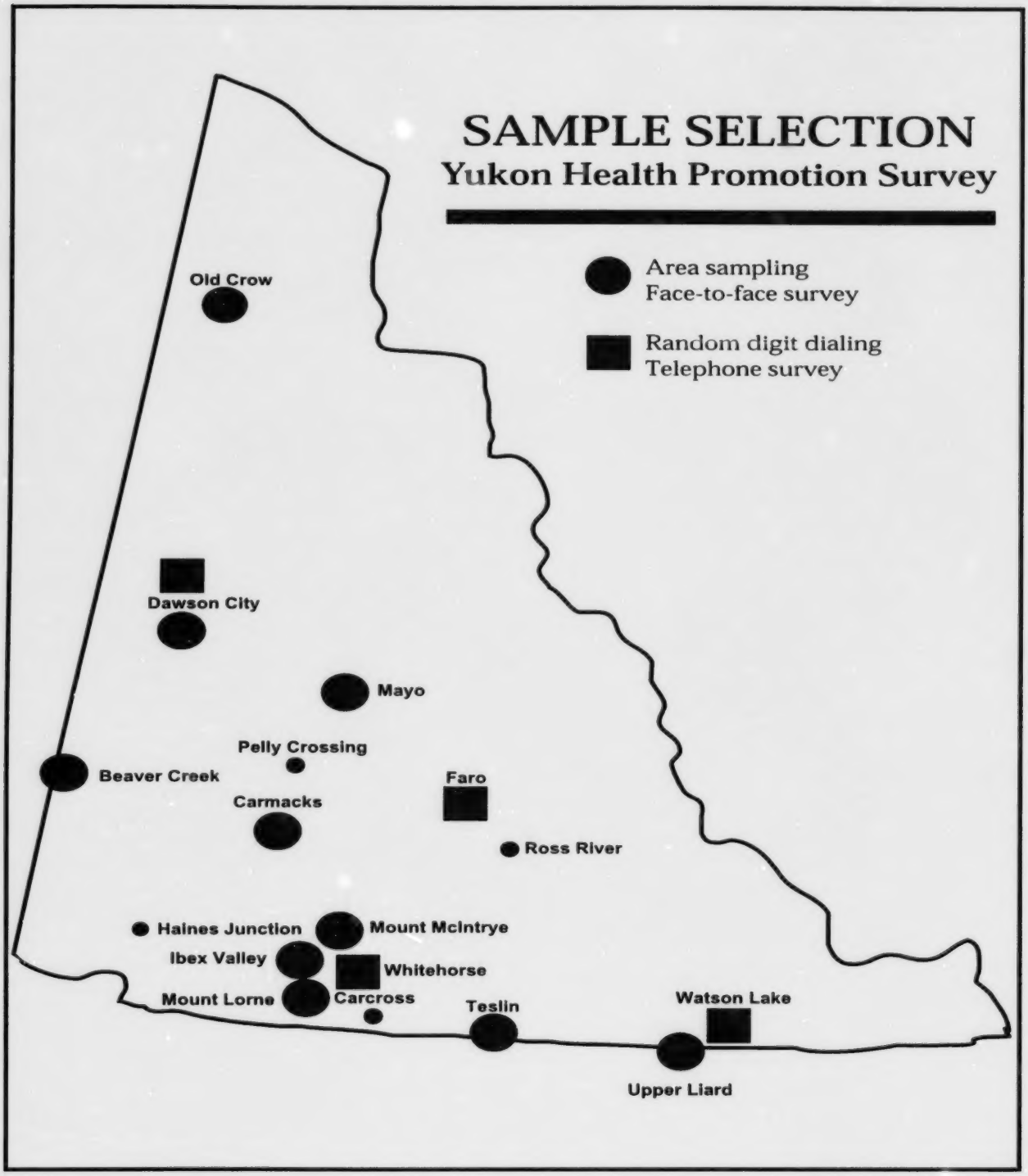
4.2.1 Household Selection

In the absence of a population register, multistage sampling was used. Both random digit dialing (RDD) and area probability sampling formed the basis of the sample frame of the survey. In addition to applying two sample approaches, multimethods were required to compensate for the differential coverage of telephones. Telephone surveying occurred where sufficient telephone coverage permitted, otherwise a face-to-face survey was administered.

Random digit dialing

Two basic problems exist for the use of RDD in the Yukon. First is the application of the technique across populations with differential telephone coverage. The Yukon has one of the highest per capita telephone coverages in Canada, yet the coverage is distributed unevenly spatially and by ethnic group. Typically, the rural communities of Yukon have proportionately fewer telephones than those in the urban centers such as Whitehorse. A confounding factor is that the rural communities are home for many of the Yukon native people. Secondly, telephone banks cross boundaries used for sampling. This issue is important to consider in large urban areas within the Yukon but was of consideration only in a very few sample areas.

The issue of cross boundary telephone banks did not present a major challenge to the use of RDD in the Yukon while the issue of differential telephone coverage did. Given the differential coverage of households,


SAMPLE SELECTION
Yukon Health Promotion Survey
Area sampling
Face-to-face survey
Random digit dialing
Telephone survey
Old Crow
Dawson City
Mayo
Pelly Crossing
Beaver Creek
Carmacks
Faro
Ross River
Haines Junction
Mount McIntrye
Ibex Valley
Whitehorse
Mount Lorne
Carcross
Teslin
Watson Lake
Upper Liard

the use of RDD was confined to the larger urban communities of Whitehorse, Watson Lake, Faro, and Dawson City. Exceptions to this partition of the population occurred within Whitehorse and Dawson City. One area of Whitehorse includes a well-defined aboriginal population. To control for potential undercoverage of telephones in this area, RDD was supplemented with face-to-face surveying. Similarly in Dawson City an area was designated as part of the face-to-face survey to ensure full representation of those without telephones.

Efficiency was an issue in using RDD in the Yukon. Nationally fewer than 25% of possible numbers are associated with residential housing units — this represents an average of about 30% in urban areas and 10% in rural areas. To make the contact process economical, the RDD selection was subjected to several efficiency measures. Firstly, two digit banks were identified in advance as being operational. This eliminated the first stage cluster sample typically used in such approaches as Waksberg-Mitofky designs. Only banks that included numbers in service were used. Secondly, all numbers generated were subjected to matching and elimination of existing government numbers. The public sector forms approximately forty percent of the employment in the Yukon and this significant presence is reflected in the number of government (Federal, Territorial, or Municipal) telephone numbers. In addition all known FAX numbers and modem numbers were taken out of the final set of RDD numbers.

Predetermined quotas were assigned to sample strata or selection units. The probability of selection at this point represents the inverse proportion to the number of working household numbers in the series. This approach produces an equal probability sample of household numbers once adjusted for multiple residential telephone lines. All unresolved numbers were searched and identified as business or household during the final clean-up stage of the survey. This final stage resolved the identification of all selected telephone numbers that were not contacted after exhaustive follow-up.

	Urban Community	**Total Listings**	**Sample Target**
GRAND TOTAL		10,190	1,313
TOTAL		8,896	1,200
Stratum 1	Whitehorse	7,328	800
Stratum 2	Dawson City*	586	100
	Faro	529	150
	Watson Lake	453	150

Batch = 25

** supplemented with face-to-face surveying in surrounding areas*

Area probability sampling

All sampled rural communities were selected for face-to-face surveying. These communities were listed house by house and a random selection of houses provided the basis of the sample frame in each of these communities.

Comprehensive listings for all Yukon communities have been maintained for purposes of survey research. These existing listings are updated on an ongoing basis for the National Labour Force Survey and other YBS research. Listing entries represent physical and location descriptions of every habitable dwelling unit within the designated geographic boundaries of the sample unit.

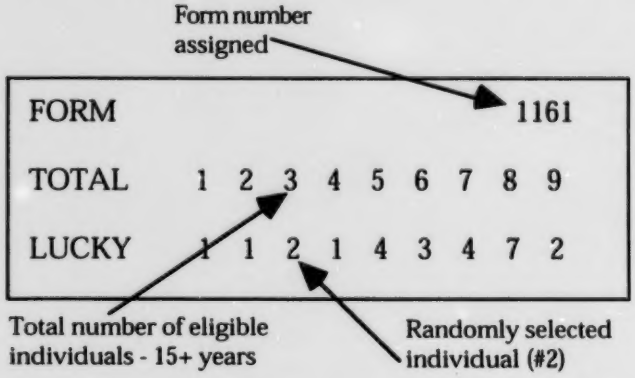
	Rural Community	Target	Final Sample
GRAND TOTAL		10,190	1,313
TOTAL		1,294	113
Stratum 3.1 -	Mt. McIntyre	167	10
Native	Old Crow	122	13
	Upper Liard	69	6
Stratum 3.2 -	Carmacks	177	15
Mixed	Mayo	194	15
	Teslin	149	15
Stratum 3.3 -	Beaver Creek	68	6
Other	Dawson City	96	10
	Ibex Valley	122	10
	Mt. Lorne	130	13

From these listings, the random sample was drawn. The sample was divided in batches of three dwellings. Interviewers worked in batches of three and were required to resolve all three even if the target quota was reached.

4.2.2 *Respondent selection*

Both random digit dialing and area probability approaches to sampling are household based. To avoid systematic bias introduced by the availability of household members, individual respondents within the household were randomly selected (in absence of household member randomization, telephone surveys over-represent certain types of household members). Once a household has been selected, control procedures were used to identify all household members. All household members were listed in order of age (from eldest to youngest) and assigned a code to indicate their relationship to an adult household member designated 'Person One'. Person One was selected by the household contact person to represent the head of the household. All household members aged fifteen or older were then numbered as eligible respondents.

A household respondent is selected randomly from this constructed list of eligible household members. This process is accomplished by having a uniquely generated label of random numbers by household size. The label simply identified the randomly selected individual on the list — the 'lucky label' appears as the following:


Form number assigned
FORM 1161
TOTAL 1 2 3 4 5 6 7 8 9
LUCKY 1 1 2 1 4 3 4 7 2
Total number of eligible individuals - 15+ years
Randomly selected individual (#2)

Overall, this final household member selection compensates for over-representation of the types of individuals in responding households that are easy to reach by telephone or who commonly answer the door for the face-to-face survey component.

4.2.3 *Sample Size and Sample Selection*

Several considerations influenced the sample design of the Y.H.P.S. Firstly, representative selection of the Yukon required coverage throughout the Yukon. Secondly, policy and planning priorities required enhanced sample for the urban/rural and native/non-native representation. Most other characteristics were self-weighting.

Thirdly, the sample allocation was designed to support the release of information at a meaningful level of precision for Yukon as a whole while allowing for some subclass comparisons (two gender groups and at least five age groups). Regional analysis corresponding to aggregated sample strata was incorporated into the sample design. This level of detail was designed at a lower level of precision for major classes and limited subclass comparisons. The original specification of the sample

design was to accommodate community detail. Unfortunately this feature could not be realized when the survey operations were shifted from a September to a January start date. The time shift was a result of external and funding considerations outside of the control of the YBS and represented a significant challenge to the operations of the survey.

A total of 1,313 Yukon households was targeted for inclusion in the 1993 Yukon Health Promotion Survey. For Yukon as a whole this represents a household sampling proportion of 0.13. The final number of households sampled was 1,444. This value exceeded the target quota as a result of batch procedures. All urban samples were packaged (batched) in units of 25 while all rural interviews were batched in units of 3. Once a batch had been opened for surveying, all households within the batch were surveyed. This procedure ensured that samples of convenience were avoided. Unfortunately, the result of the batch control procedure increased the total number of required responses.

Three separate strata existed. Stratum #1 referred to Whitehorse. This stratum is the most important numerically as Whitehorse represents over seventy percent of the Yukon population and over eighty percent of the eligible sample population.

	Community	Target	Final Sample
TOTAL		**1,313**	**1,444**
Stratum 1	Whitehorse	800	833
Stratum 2	Dawson City	100	107
	Faro	150	168
	Watson Lake	150	214
Stratum 3.1 -	Mt. McIntyre	10	12
Native	Old Crow	13	13
	Upper Liard	6	6
Stratum 3.2 -	Carmacks	15	15
Mixed	Mayo	15	16
	Teslin	15	17
Stratum 3.3 -	Beaver Creek	6	6
Other	Dawson City	10	11
	Ibex Valley	10	11
	Mt. Lorne	13	15

Stratum #2 represented the urban areas of Dawson City, Faro, and Watson Lake. These three communities represent almost seventeen percent of the sample population or twenty percent of the total population. Strata #1 and #2 have full telephone coverage and for the most part can be surveyed by telephone. An area in Whitehorse and Dawson City was surveyed face-to-face to compensate for the special characteristics of unique neighborhoods.

Stratum 3 reflected the rural population of the Yukon and was partitioned into three sub-strata. Mt. McIntyre, Old Crow, and Upper Liard form sub-stratum 3.1 and reflects primarily native rural communities. Sub-stratum 3.2 includes Carmacks, Mayo, and Teslin and represents communities that are ethnically mixed. Finally, stratum 3.3 is communities that are primarily non-native and include Beaver Creek, Dawson City (rural as Dawson City is also in the telephone strata), Ibex Valley, and Mt. Lorne. The sample was allocated as above.

4.3 Data Collection

4.3.1 Training

Detailed training was given to all surveyors. A two-day training session was provided to the telephone surveyors in Whitehorse. The training was consistent with Statistics Canada training and incorporated the standards of control and procedures used by the National Statistical Agency. Daily feedback was provided at the beginning of each daily rotation. Training, communication, and operational control are the hallmark of rigorous and credible survey methodology. Detailed documentation of this process is incorporated into the training manuals of the Yukon Bureau of Statistics.

All rural training was done in Whitehorse. Each rural surveyor received detailed instruction similar to that of the telephone surveyors — modified for the unique challenges of Yukon community research.

4.3.2 Procedures

Personal and telephone interview procedures were controlled through strict control forms and continuous supervisory contact and feedback. For telephone surveys each interviewer was assigned a batch of 25 telephone numbers. Appendix B provides the control form for contact and respondent selection. All aspects of time, contact, comments, success, type of transaction, and operational detail were recorded. Each batch of 25 was completed requiring that each telephone number resulted in a successful interview or a classified conclusion. All refusals were handled by supervisors and all aspects of the administration were signed off at each separate stage of the operation.

Once a batch was completed, the package was edited for administrative correctness and then each questionnaire was reviewed question-by-

question. Any anomalies or errors were assigned back to the interviewers for resolution. Once all aspects of control were completed, the batch was signed off and passed on for the next stage of operations. Daily monitoring and group discussion sessions rapidly improved the consistency and accuracy of all surveyors. Accuracy and efficiency standards were exceptional. Rural interviewers had similar control and observation. Distance and costs precluded the tight interaction of the telephone component, but constant telephone contact provided ongoing feedback and reporting

4.4 Analysis

4.4.1 Processing

All data was processed with SAS version 6.07 on NeXT Turbo work stations. Data entry was begun after several weeks of interviewing. From this point on all data capture occurred parallel to data collection. Data coding was done directly by the analysts and reflected the requirement of the final analysis. Data verification and coding all occurred once data capture was complete.

4.4.2 Standardization

There is a strong interrelationship between health and age, gender, income adequacy and other demographic, economic, and social variables. As a result of such covariation, comparison between groups and between other jurisdictional populations must be done with caution.

The purpose of this paper is to provide a clear descriptive treatment of the results of the Yukon Health Promotion Survey. In order to keep the complexity of the analysis as simple as possible, all results referring to sub population comparison have not been standardized. If standardization is performed, analytical complexity confounds the clarity of simple descriptive interpretation. Age is related to education which in turn is related to income and can be further interrelated to ethnicity, gender, and other variables. Statistically all of these interrelationships can be controlled for, but this statistical transformation can obscure simple population reporting.

4.4.3 Derived variables

All derived variables were constructed for purposes of analysis. These variables are documented in the file structure and documentation of the data set.

4.4.4 *Weighting*

Basic weighting

Initially, all observations were weighted to compensate for the presence of multiple telephones in the household. Although slight, this adjustment corrected for the differential probability of selection under RDD for households with two or more telephones.

The second weight attached to the household level is simply the inverse of the probability of selection within the given stratum. In this case three major strata were used to control for the number of household by strata and by sub-strata. Sub-strata referred to the three separate sampling units within the rural stratum.

Adjustment for non-response

Household non-response weighting is the second order adjustment to offset the influence of differential non-response. This weighting assumes two separate adjustments, one for overall stratum non-response, and another for the bias of refusal at the household level.

On the issue of strata adjustment, the survey design accommodates this source of bias through self-weighting. In short, this issue is not a major concern for this specific design.

At the household characteristic level, refusals are adjusted using the converted portion of the refusal segment. Specifically, 'conversions' are proxies for those who refuse. With a significantly high conversion rate of over thirty percent, refusals were corrected by weighting the refusals that were converted. This assumption was the only possible means of addressing a segment that by the very nature of refusal would have remained otherwise unattended. To ignore refusal adjustment would be to bias the final estimates in favor of those cooperative residents and potentially underestimate the unique characteristics of the refusal group.

Adjustment for population totals

Final weights are adjusted to reflect the age-sex totals as portrayed by the Census distribution for 1991 for the Yukon. Weighting did not incorporate an adjustment for ethnicity. The survey results were self weighting as the strata design reflected the ethnicity of the Yukon. The following provides an overview of the coverage distribution and average weights applied by relevant characteristics.

Population Weighting and Sample

Pop > 14 yrs. 20,117		YUKON Average Weighting	YUKON Sample (weighted)	STRATUM #1 Average Weighting	STRATUM #1 Sample (weighted)
SEX	Male	14.7	52	18.3	52
	Female	13.0	48	14.6	48
AGE	15-24	20.6	19	24.0	19
	25-44	12.9	54	15.3	54
	45-64	12.1	22	14.5	22
	65+	16.6	6	16.7	5
ETHNICITY					
	Native	19.3	20	19.3	13
	Non-native	12.9	80	16.0	87
		STRATUM #2		STRATUM #3	
SEX	Male	4.7	53	33.2	53
	Female	5.0	47	25.6	47
AGE	15-24	8.3	20	35.8	17
	25-44	4.5	55	26.7	53
	45-64	3.9	21	28.8	21
	65+	4.8	4	37.8	9
ETHNICITY					
	Native	5.8	15	31.7	44
	Non-native	4.7	85	27.5	56

4.5 Performance

4.5.1 Response rates

A total of 4,002 respondents was identified for the survey. This included telephone numbers and household selection within the communities. Of this 4,002 potential survey units, 2,191 (54.7%) were identified as being non residential or units out of scope of the household survey. The final number of households in scope was 1,811. Of this figure, 1,444 responded, representing a response rate of 79.7% , an excellent performance for a mixed survey methodology that relies on RDD and non-proxy reporting. Non-response was 20.3% and is comprised of a series of non-responding categories.

Non-responding households included those households sampled but not accessible through the initial contact individual or those that could not be contacted after repeated attempts. Despite strict follow-up that exceeded 30 calls per telephone number and structured time rotations, some contacts could not be resolved. These 'no contacts' are included in 'non-responding households' and represent a major problem in RDD surveys. They could be residents who are out of the Yukon or offices, vacant dwelling units, or

vacation homes that are unattended. Despite the difficulty of 'no contact' only 25 telephone numbers out of 4,002 could not be resolved (0.6%).

Of the total number of responses, 66 (3.6%) were respondent refusals. All refusals were followed up by the supervisor or operations manager and resulted in a conversion rate of 33%.

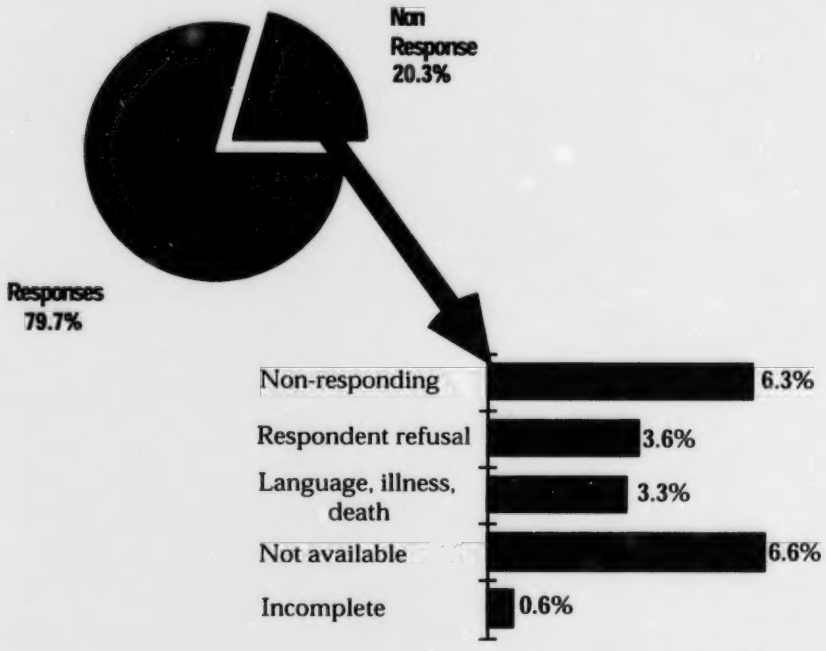
Other sources of non-response included 1.5% as a result of language and illness. This type of non-response included individuals who could not be interviewed because of their language. French and aboriginal language translation services were available but other languages were beyond the capacity of the survey operation. In addition, some respondents were unable to participate because of illness or death in the family. Another contribution to non-response included those individuals who were selected for an interview but were outside the Yukon for the entire survey period. Winter in the Yukon is characterized by travel and absenteeism by some of the residents. This situation may be more of a problem in the Yukon than other areas of Canada. A total of 119 individuals were not available for surveying during the entire survey period. This reinforced the original concerns of running general population surveys in the Yukon during January, February, or March. Lastly, 10 survey forms were deemed to be incomplete and not usable for analysis purposes.

	Total		Yukon	National
Total numbers dialed/contact	**4,002**	**100.0**		
Total numbers with no identification as household	2,191	54.7		
Total numbers identified as residential numbers	1,811	45.3	100.0	100.0
Responses	**1,444**	**36.1**	**79.7**	**77.8**
Non responses	**368**	**9.2**	**20.3**	**22.2**
Non responding households	114	2.8	6.3	13.2
Respondent refusals	66	1.6	3.6	2.9
Language, illness, death	59	1.5	3.3	2.9
Not available	119	3.0	6.6	2.3
Incomplete	10	0.2	0.6	1.0

Figure #1

RESPONSE RATES FOR THE

YUKON HEALTH PROMOTION SURVEY 1993



4.6 Data Limitations and Release

All results presented in this report represent weighted estimates of a general population survey; they do not reflect a total census of all Yukon individuals. The difference between the results of a survey and the 'real' results of a complete census represents 'sampling error of the estimate'. This error cannot be measured exactly from the sample results alone. In its place the sampling error from the sample data can be used: the standard error. Assuming that the estimates are normally distributed about the true population value confidence interval can be estimated using the standard error. The chances are 68 out of 100 that the difference between a sample estimate and the true population value would be less than one standard error, about 95 out of 100 that the difference would be less than two standard errors, and it is almost certain (100 out of 100) that the differences would be less than three standard errors.

The Y.H.P.S. incorporates many varieties of estimates and as such the standard error can be expressed more meaningfully relative to the estimate for which it applies. The resulting measure is known as the 'coefficient of variation of an estimate' (CV). This measure is obtained by dividing the standard error by the estimate itself and represents the percentage error around the survey estimate. For purposes of this report, estimates are either presented in an unqualified way (CV is not larger than 16.5%) or are qualified (entries with an attached '*') because of high sampling variability (CV between 16.6% and 33.3%). On some tables estimates are suppressed and are not for general release when the CV exceeds 33.3% (entries designated '#'). Operationally, this suppression roughly translated into the elimination of all cell sizes below 100 and a qualified release of results cell sizes between 100 and 250.

5 SURVEY RESULTS

5.1 Population

The following information is designed to initiate interest in the results of the Yukon Health Promotion Survey. Each section is introduced briefly and information is provided in graphic, textual, and tabular format. Questions are offered as a means to begin inquiry for policy and planning purposes.

Highlights draw observations from the graphs and tables contained in each section. Although the presentation of this paper is broad, this material is only a partial analysis as questions and analytical responses are endless and consequently future analysis must be bound by policy priorities. Use this document as a source book for basic information and a primer for sophisticated secondary analysis.

5.1.1 General health: An introduction

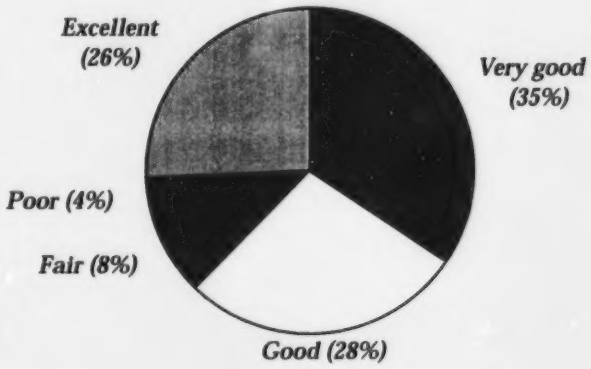
The following represents a portrait of the general health of Yukoners. General health provides an overall indictor of health as perceived by the respondent. In addition, quality of life and a brief look at the survey's link to the qualitative results is provided. This section sets the stage for the remainder of the statistical portrait of health.

SELF-RATED HEALTH

One of the most used and reliable indicators of health is self-rated health. Many studies have indicated that self-rated health is related directly to physical health and well-being. This relationship suggests that those individuals who rate themselves as fair to poor are more likely to have poor health. These individuals also are likely to suffer from other emotional and social health problems.

Lower socio-economic groups are more likely to perceive their health to be lower than those in higher socio-economic groups. In addition, several related demographic groups face serious health challenges: adolescents and young adults, and the elderly. Gender also is implicated with differences as males suffer particularly high risks of early death from injury, accident, and suicide while women have significantly higher life expectancy. The Y.H.P.S. included a question that assessed health as perceived by the respondent.

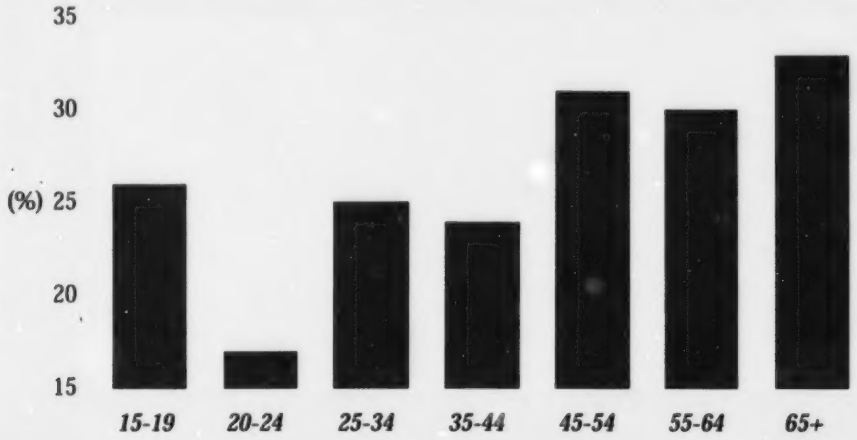
GRAPH #1
SELF-RATED HEALTH
By Comparison to Other People Their Age - All Yukoners



How do people rate their own health? How does this rating compare to the national health survey? What are the differences?

- Twenty-six percent (26%) of Yukoners rate their health as 'excellent'.
- Thirty-five percent (35%) rate it as 'very good', while 28% perceive their health to be 'good'.
- Only 4% of Yukoners rate their health as being 'poor'.
- Generally, little difference was exhibited between how Yukoners and other Canadians rate their health, although there were some differences by age.

GRAPH #2
POPULATION WITH EXCELLENT SELF-REPORTED HEALTH



Is there a relationship between self-rated health and population characteristics?

- Yukoners rate their health better as they get older. This trend is opposite that of other Canadians.
- Thirty-three percent (33%) of Yukoners 65 years and older see their health as 'excellent', while only 16% of other Canadians 65 years and older rate their health as 'excellent'.
- Among twenty-to-twenty-four year-old Yukoners, 17% rate their health as excellent, less than other Canadians of similar age (26%). Only 38% of this group sees their health as 'good' compared to 25% of other Canadians.
- More females (27%) rate their health to be 'excellent' than males (24%).

Table #1: Self-rated health by gender

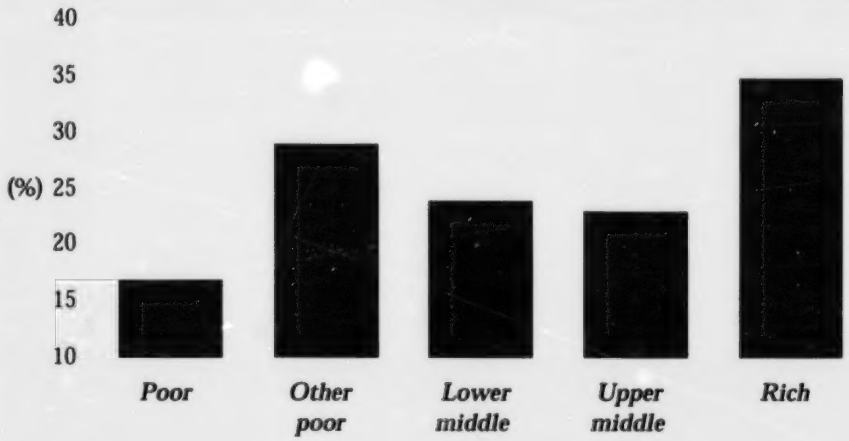
		Excellent	Very good	Good	Fair	Poor
All	Yukon	26	35	28	8	4
	Canada	26	35	26	10	3
FEMALE	Yukon	27	36	25	8	3
	Canada	26	36	26	9	3
MALE	Yukon	24	35	30	7	4
	Canada	25	35	27	10	3

Table #2: Self-rated health by age groups

		Excellent	Very good	Good	Fair	Poor
15-19	Yukon	26	42	21	#	7*
	Canada	21	42	28	8	#
20-24	Yukon	17	35	38	7*	#
	Canada	26	41	25	7	#
25-34	Yukon	25	38	29	7	#
	Canada	28	38	26	6	1*
35-44	Yukon	24	38	28	6	3*
	Canada	28	38	25	7	2*
45-54	Yukon	31	30	28	10	#
	Canada	32	33	25	9	3*
55-64	Yukon	30	23	21	12*	14*
	Canada	24	28	28	14	6
65+	Yukon	33	25	21	13*	#
	Canada	16	28	30	19	7

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #3
POPULATION WITH EXCELLENT SELF-REPORTED HEALTH
By Income - All Yukoners



How is self-rated health related to other factors?

- Self-rated health exhibits a classic relationship to income. The higher the income adequacy group, generally speaking the higher the perceived health status. Seventeen percent (17%) of those respondents classified as 'poor' reported 'excellent' health, while 35% of those respondents identified as 'rich' reported 'excellent' health (self-rated health).
- Stress is implicated with self-rated health, although the relationship appears more complicated. High stress in one's life is associated with a lower incidence of 'excellent' health.

Table #3: Self-rated health by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Self-rated health is					
excellent	17	29	24	23	35
very good	25	25	37	37	40
good	40	28	26	31	18
fair	11	14	8	6	6*
poor	6	#	5	3*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #4: Self-rated health by activity limitations

	Not limited	Some limitation	Limited at home	Limited at work/school	Other activities
Self-rated health is					
excellent	28	13	9*	#	17
very good	38	16	11*	15*	14
good	28	27	20	25	24
fair	6	22	26	21*	27
poor	1*	22	34	31	18

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #5: Self-rated health by stress levels

	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
Self-rated health is				
excellent	15	25	28	36
very good	28	36	40	27
good	39	27	24	27
fair	12	9	6	5*
poor	7*	3	2*	5*

* qualified sampling variation, use with caution.

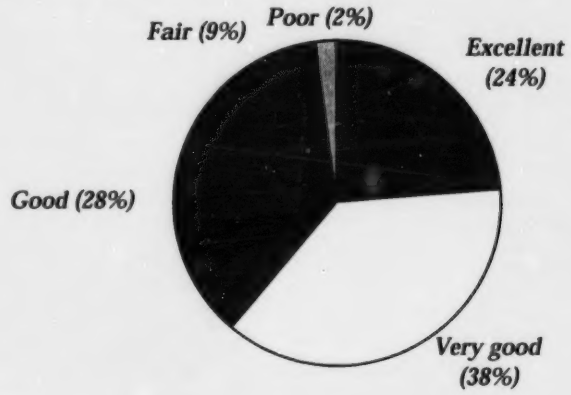
QUALITY OF LIFE

Similar to self-rated health, quality of life presents a broad indicator of well-being and conveys a measure of health beyond the standard concepts of physical health. Quality of life and well-being are seen as a dynamic, integrated concept of health. Self-esteem, self-efficacy, and self-worth are all well-being determinants of health. These determinants permit the individual to integrate health and well-being.

The concept of quality of life and well-being appears to be ill-defined. The term is used in many ways, creating ambiguity for research. Recent works in this area have compiled inventories of measures of quality of life and well-being. Without exception, the available batteries of tests are long, complex, and focused on specialized uses beyond the capabilities of general population health promotion survey.

For the purpose of this research, the Y.H.P.S. relied upon a simple (if not simplistic) self-rated question on quality of life. This question required an assessment of quality of life on a five-point scale.

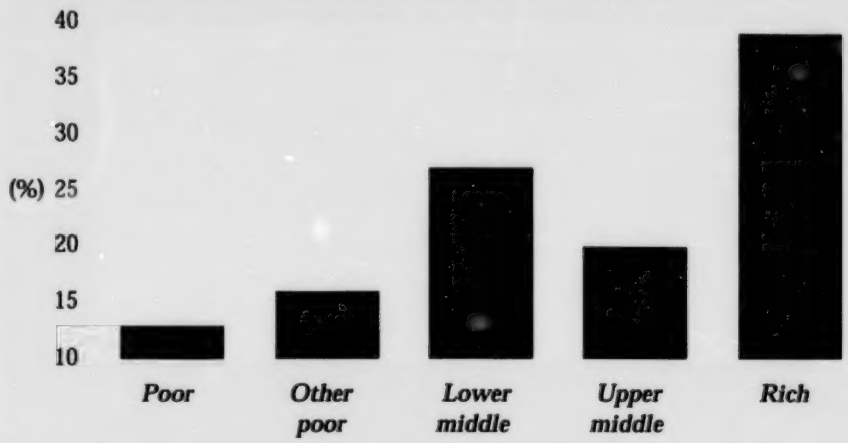
GRAPH #4
REPORTED QUALITY OF LIFE
By Description
All Yukoners



How do Yukoners describe the quality of their lives?

- Twenty-four percent (24%) of Yukoners rate their overall quality of life as 'excellent', while 38% and 28% rate the quality of life in the Yukon as 'very good' and 'good' respectively.
- Only 2% rate their quality of life as 'poor' and 9% as 'fair'.
- No comparable national information is available.

GRAPH #5
POPULATION REPORTING EXCELLENT QUALITY OF LIFE
By Income
All Yukoners



Who perceives themselves to have the best quality of life? Who sees themselves with the lowest? What are their characteristics?

- Similar to self-rated health, the relationship between income adequacy and the quality of Yukoners' life is generally directly related. Yet, this relationship is even more pronounced in the case of the quality of life.
- Thirteen percent (13%) of Yukoners classified as 'poor' report an 'excellent' quality of life while three times that amount deemed 'rich' indicate an 'excellent' quality of life (39%).
- Females rate their quality of life higher than males. Sixty-six percent (66%) of all females report 'excellent' or 'very good' lives, while 59% of males rate the quality of their lives in the same manner.

Table #6: Quality of life by gender

Quality of life is	All	Female	Male
excellent	24	26	23
very good	38	40	36
good	28	25	29
fair	9	7	10
poor	2	1*	2*

* qualified sampling variation, use with caution.

Table #7: Quality of life by age groups

Quality of life is	15-24	25-44	45-64	65+
excellent	22	25	24	25
very good	43	39	30	34
good	23	27	32	26
fair	10	7	10	15*
poor	#	1*	4*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #8: Quality of life by income adequacy

Quality of life is	Poor	Other poor	Lower middle	Upper middle	Rich
excellent	13	16	27	20	39
very good	31	30	35	44	38
good	37	31	27	28	20
fair	12*	21	10	6	3*
poor	7*	#	#	2*	#

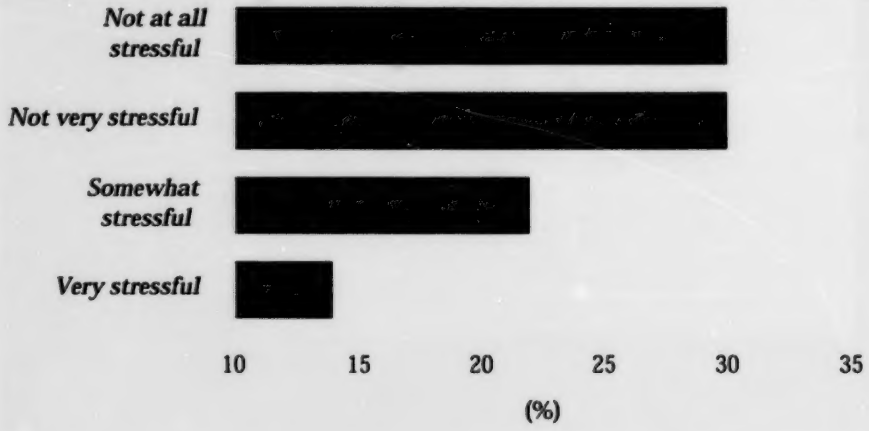
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #9: Quality of life by self-rated health

Quality of life is	Excellent	Very good	Good	Fair	Poor
excellent	54	21	10	#	#
very good	33	54	30	19	#
good	10	19	52	30	26*
fair	2*	6	8	44	15*
poor	#	#	#	#	38

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #6 POPULATION REPORTING EXCELLENT QUALITY OF LIFE By Stress Levels - All Yukoners



How is quality of life related to health and other factors?

- Not surprisingly, those Yukoners who classify their health as 'excellent' also have the highest rating of the quality of their lives (54%).
- The diagonal of the tables on self-rated health and quality of life indicates a strong association between these two scales.
- Stress also appears to be implicated with quality of life. Fourteen percent (14%) of Yukoners with 'very stressful' lives report an 'excellent' quality of life while 30% of those respondents who report 'not at all stressful' lives have 'excellent' quality of life.

Table #10: Quality of life by stress levels

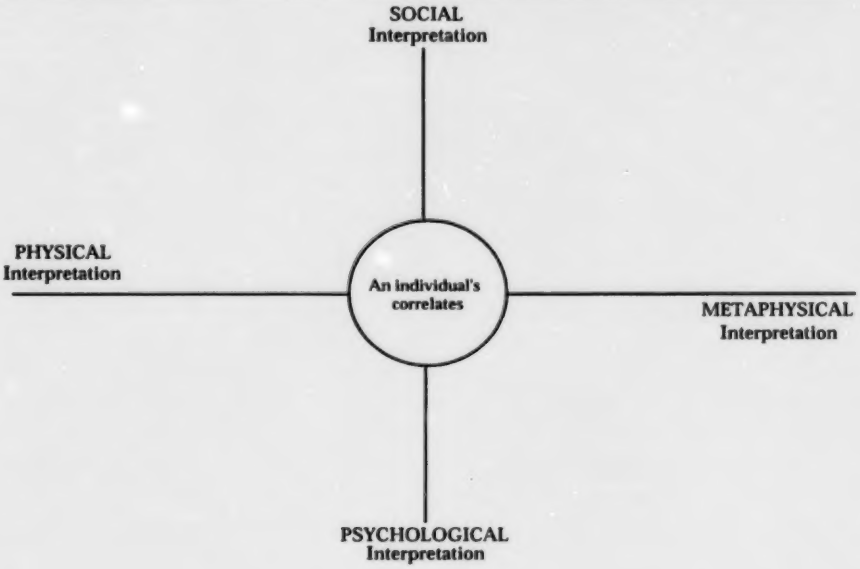
Quality of life is	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
excellent	14	22	30	30
very good	31	39	39	39
good	32	30	22	22
fair	17	8	7	7*
poor	5*	#	2*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

QUALITATIVE RESULTS

Four major interpretative dimensions emerged from the qualitative research. These dimensions are the physical, metaphysical, sociological, and psychological dimensions. Graphically the four dimensions take the form of four attracting poles of a graph (figure 2). Very few individuals see their health in one or two-dimensional state. Most Yukoners have a concept of health that include three or four dimensions.

Figure #2:
Concepts of Health - Patterns of Interpretation



Three major themes emerge within the metaphysical dimensions of health. These major areas refer to spirituality, religion, and harmony. Respondents use each of these terms to describe their relationship to some form of metaphysical interpretation of health.

Respondents interpret their health and the correlates of health in many physical themes. Whether talking about emotional self, social activity, or personal well-being, health is grounded in a physical reality. This interpretation of health is related in terms corresponding to capacity, energy reserves, the body's ability, and related physical necessities such as food and drink, disease avoidance, rest, and fresh air.

Health is understood in social terms through two major themes. One views health through family and friends, while the other is from the perspective of a social phenomenon, one shaped by and seen from the interaction with others.

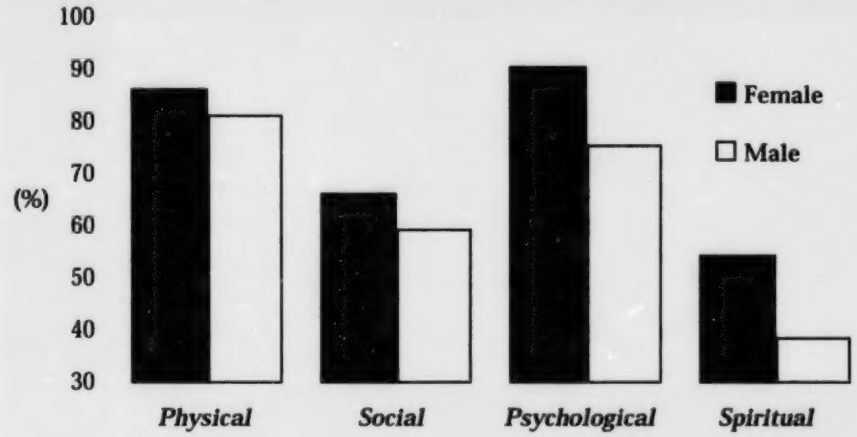
A psychological interpretation of health sees the correlates of health linked to health by attitude, personal control, and a development of a necessary sense of well-being that creates or fosters positive health.

The dynamic of multidimensional health is referenced throughout virtually all interviews. Language such as "circle of life — balance of physical, mental and spiritual well-being," a need for "balance of physical, spiritual, community, family," adopting a "holistic approach to health and well-being," "a triad of physical, emotional and mental" and health as a "gestalt" illustrate the many ways balance is introduced into health.

In the qualitative phase, individuals express health in terms of many dimensions or perspectives. Essentially, Yukoners describe health in social, physical, psychological, and spiritual terms. Recognition of the importance of health within these perspectives is fundamental for health delivery and promotion. The implications for health promotion are unclear at this point, but the patterns expressed may inform new means of education, promotion, or the understanding of the different concepts and responses to health and health promotion. Further research in this area will proceed but there appears to be some interaction between the way one conceptualizes health and the way health is experienced or expressed.

These aspects of health are measured in the Y.H.P.S. in two ways. Firstly, the survey assesses respondent evaluation of the importance of the four dimensions of health and secondly, the survey requests a rating of the physical, mental, social, and spiritual health of the respondent on a five-point scale.

GRAPH #7
REPORTED TYPES OF HEALTH IMPORTANT TO INDIVIDUALS
By Gender
All Yukoners



How are the perspectives of health distributed in Yukoners?

- All four dimensions of health are reported as being 'very important' by females more than by males. Eighty-seven percent (87%) of females report that the physical aspect of health is 'very important' while 83% of males see physical health as 'very important'.
- This gender differential is more pronounced in the other aspects of health. For the social dimension 66% of females report this dimension as being 'very important' while 60% of males do so. In addition, 91% of females see the psychological health as 'very important' contrasted to 76% of males and 55% of females and 39% of males similarly reporting spirituality as 'very important' to their overall health.
- Physical health becomes more important with age (72% for those respondents 15-24 years to 90% of those respondents 65 years and over). This trend is similar for social and spiritual health. For spiritual health, the importance increases from 49% at age 15-24 years to 73% for those respondents over the age of 65 years.
- Psychological health is the only one that exhibits a decrease over age, from a rate of 85% in the ages 15-44 years to a low of 77% at age 65 years and over.
- Psychological health increases in importance across the income gradient from a low of 72% in the category 'poor' to 92% in the 'rich' category while spirituality falls from a high of 59% in the 'poor' category to a low of 42% in the 'rich' group.

Table #11: Qualitative dimensions by gender

Very important to health	All	Female	Male
physical	84	87	82
social	63	66	60
psychological	83	91	76
spiritual	47	55	39

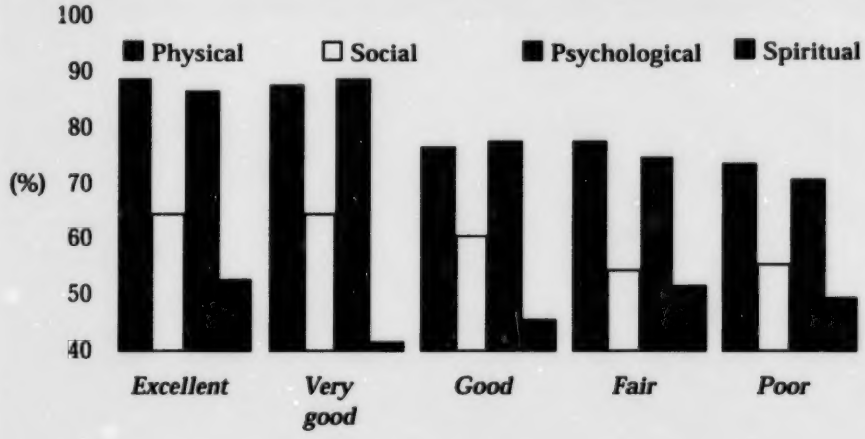
Table #12: Qualitative dimensions by age groups

Very important to health	15-24	25-44	45-64	65+
physical	72	86	89	90
social	65	63	58	73
psychological	85	85	80	77
spiritual	49	40	54	73

Table #13: Qualitative dimensions by income adequacy

Very important to health	Poor	Other poor	Lower middle	Upper middle	Rich
physical	60	82	85	86	89
social	66	61	59	64	65
psychological	72	81	78	86	92
spiritual	59	49	50	44	4

GRAPH #8 REPORTED TYPES OF HEALTH IMPORTANT TO INDIVIDUALS, By Self-rated Health - All Yukoners



How are the qualitative perspectives related to other factors?

- The importance of any form of health except spiritual diminishes with the level of self-rated health. Eighty-nine percent (89%) of those respondents with 'excellent' health indicate that physical health is 'very important' and 74% of those respondents with 'poor' health that physical health is important.
- Among those respondents for whom psychological health is important, the proportion decreases from 87% for those respondents with 'excellent' health to 71% for those respondents with 'poor' health.
- Little change is observed for the importance of spiritual health shifting from 53% in 'excellent' health to 50% in 'poor' health.
- Similar shifts were seen in the relationship between the four dimensions of health and the quality of life.

Table #14: Qualitative dimensions by self-rated health

Very important to health	Excellent	Very good	Good	Fair	Poor
physical	89	88	77	78	74
social	65	65	61	55	56
psychological	87	89	78	75	71
spiritual	53	42	46	52	50

Table #15: Qualitative dimensions by stress levels

Very important to health	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
physical	76	85	85	86
social	65	61	62	65
psychological	87	86	83	72
spiritual	58	43	45	55

Table #16: Qualitative dimensions by quality of life

Very important to health	Excellent	Very good	Good	Fair	Poor
physical	90	84	80	78	82
social	68	65	59	53	43*
psychological	89	90	75	73	61*
spiritual	52	43	47	47	47*

* qualified sampling variation, use with caution.

SECTION PROFILE #1

	Self-rated health *(very good to excellent)* % of pop	Quality of life *(very good to excellent)* % of pop	Spiritual *(very important)* % of pop
Yukon			
All	61	62	47
Age			
15-24	60	65	49
25-44	62	65	40
45-64	58	54	54
65+	58	59	73
Sex			
Male	59	59	39
Female	63	66	55
Location			
Whitehorse	65	65	44
Other	53	58	53
Income Adequacy			
Poor	50	45	53
Middle	60	63	46
Rich	75	76	42
Employment			
Employed	64	66	45
Unemployed	64	63	40
Education			
Secondary or less	54	55	49
Post secondary	69	70	44
Qualitative			
Emotional	64	67	-
Social	63	66	-
Spiritual	60	62	-
Physical	64	64	-
Dependents			
With	60	61	47
Marital Status			
Single	60	58	42
With partner	63	66	47
Separated, divorced, or widowed	55	56	51
Other			
Smoker	48	52	40
Heavy drinker	51	45	45
Live in Yukon > 5 yrs	60	60	46

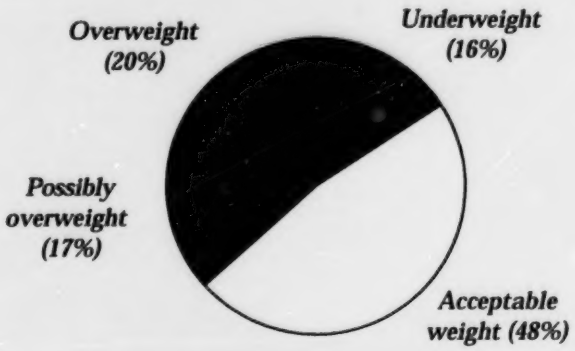
SECTION PROFILE #2

	Physical *(very important)* % of pop	Social *(very important)* % of pop	Psychological *(very important)* % of pop
Yukon			
All	84	63	83
Age			
15-24	72	65	85
25-44	86	63	85
45-64	89	58	79
65+	90	73	77
Sex			
Male	81	60	76
Female	87	66	91
Location			
Whitehorse	86	65	87
Other	80	57	77
Income Adequacy			
Poor	73	63	78
Middle	86	62	83
Rich	89	65	92
Employment			
Employed	86	61	87
Unemployed	79	65	78
Education			
Secondary or less	82	62	78
Post secondary	87	64	90
Qualitative			
Emotional	-	-	-
Social	-	-	-
Spiritual	-	-	-
Physical	-	-	-
Dependents			
With	85	61	84
Marital Status			
Single	76	62	7
With partner	86	64	87
Separated, divorced, or widowed	90	60	81
Other			
Smoker	82	60	79
Heavy drinker	72	58	71
Live in Yukon > 5 yrs	85	61	81

BODY MEASUREMENTS

Deviation from certain ranges of body weight and height is associated with health risks as well as other social and emotional concerns. The body mass index (B.M.I.), a useful indicator of the risk to health, is constructed on the relationship between height and weight. Although limited to certain age groups and activity levels, this index offers a means of identifying population groups at risk. The B.M.I. incorporates both height and weight into a single index. A B.M.I. less than 20 represents individuals who are underweight, 20 to 25 represents acceptable weights, 25 to 27 are deemed possibly overweight, and those respondents over 27 are classified as overweight. A similar index was also calculated for desired body weight and relates desired weight to existing height. Respondents of the Y.H.P.S. were asked to provide basic information on physical measurements. This information was transformed into the B.M.I. and is restricted to the population between 20 and 64 years of age (see derived variables for detailed equation).

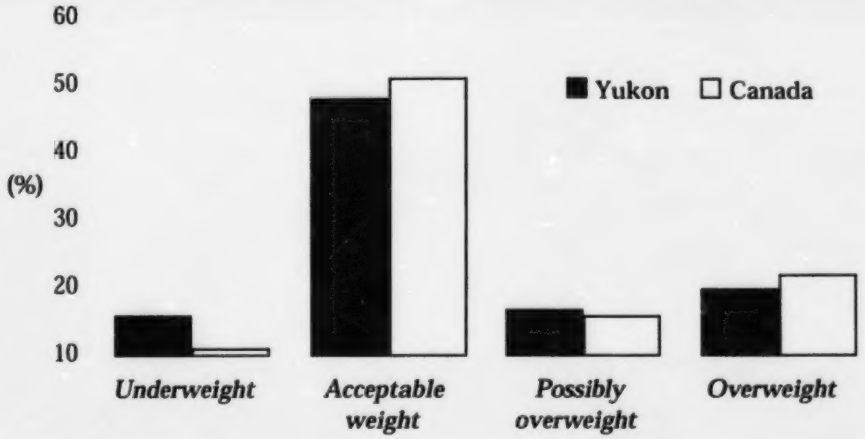
GRAPH #9
CALCULATED BODY MASS INDEX
By Weight Category - All Yukoners 20 to 64 years of age



What is the relative weight (Body Mass Index) of people?

- Forty-eight percent (48%) of all Yukoners have body weights determined to be 'acceptable' by the B.M.I. standards.
- Seventeen percent (17%) of Yukoners are classified as being 'possibly overweight'—a classification that suggests a potential for health risk.
- Sixteen percent (16%) of Yukoners are 'underweight'—once again a classification deemed to be a health risk for a wide range of health problems.
- Twenty percent (20%) of Yukoners are 'overweight' and at risk of weight-related health problems.

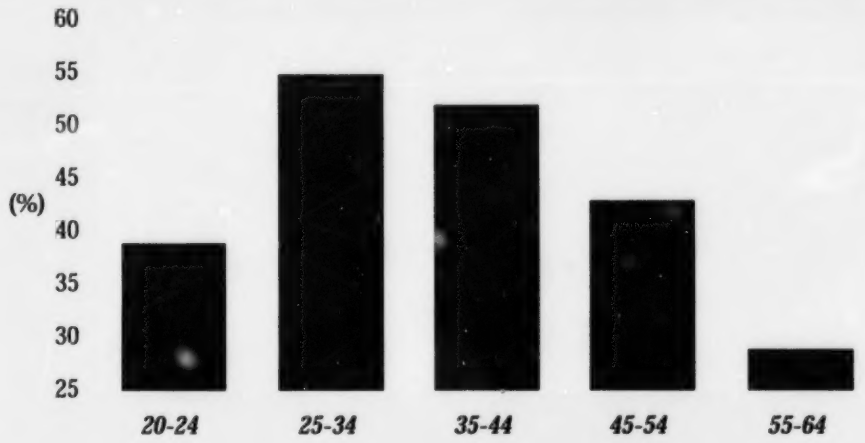
GRAPH #10
CALCULATED BODY MASS INDEX
By Weight Category - Yukon and Canada, 20 to 64 years of age



Are Yukoners different from other Canadians?

- Using this measure, 48% of all Yukoners are classified as having 'acceptable' weights. This value is similar to the rest of Canada (51%).
- Yukon has more people classified as 'underweight' (16%) than the rest of Canada (11%)
- Percentages of 'overweight' (17%) and 'possibly overweight' (20%) are comparable to the national figures of 16% and 22%, respectively.

GRAPH #11
POPULATION WITH ACCEPTABLE WEIGHTS CALCULATED USING BODY MASS INDEX
By Age - All Yukoners 20 to 64 years of age



What is the relationship between the B.M.I. and the characteristics of the population?

- A disproportionate number of Yukon males (14%) are 'underweight' when compared to the national figures (3%). This phenomenon is also reflected in the 'acceptable' (40% of Yukon males versus 47% in the rest of Canada) and 'overweight' categories (24% versus 27%).
- More Yukon females are 'underweight' than males and fewer are 'overweight' using this index.
- As in southern Canada, the highest incidence of 'underweight' is seen in the 20-24 year old category while highest reporting of 'overweight' is seen in the 65 years and over age.
- The greatest variation from southern Canada for 'underweight' is males 35-64 years, with twice as many in the Yukon as in the provinces.

Table #17: Relative weight (body mass index) by gender

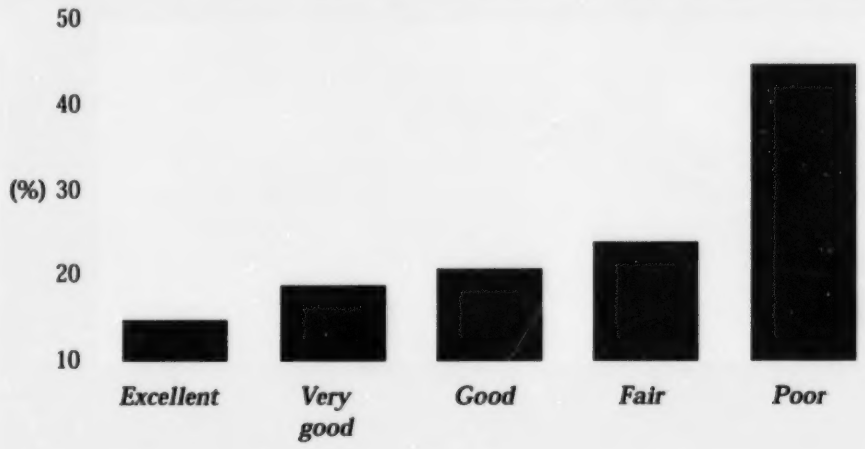
		Under weight	Acceptable weight	Possibly overweight	Over weight
All	Yukon	16	48	17	20
	Canada	11	51	16	22
FEMALE	Yukon	18	56	11	15
	Canada	18	54	11	17
MALE	Yukon	14	40	22	24
	Canada	3	47	22	27

Table #18: Relative weight (body mass index) by age groups

		Under weight	Acceptable weight	Possibly overweight	Over weight
20-24	Yukon	21	39	28	12*
	Canada	17	56	16	10
25-34	Yukon	15	55	14	16
	Canada	15	53	14	18
35-44	Yukon	16	52	11	21
	Canada	8	51	16	24
45-54	Yukon	12	43	21	24
	Canada	7	47	17	29
55-64	Yukon	19	29	19	33
	Canada	6	44	20	30

* qualified sampling variation, use with caution.

GRAPH #12 OVERWEIGHT YUKONERS CALCULATED USING BODY MASS INDEX By Self-rated Health - All Yukoners 20 to 64 years of age



How does relative weight (Body Mass Index) relate to other factors?

- Those people with 'acceptable' body weights express the highest self-rated health (53%). This is in sharp contrast to those respondents who were 'underweight' and have 'excellent' health (18%) and those respondents who were 'overweight' and reporting 'excellent' health (15%).
- It is not surprising that most individuals who are 'underweight' express desired body weights that are 'underweight' (84%).
- Those respondents who were 'overweight' usually indicated desired body weights that were still within the 'overweight' category (97%).
- Twenty-five percent (25%) of those people who skip breakfast are 'overweight'.
- Fifty-one percent (51%) of those respondents who follow Canada's Food Guide have acceptable body weights.
- Thirty-one percent (31%) of those 'overweight' are trying to lose weight, while 41% in this same group state they intend to lose weight.
- Eleven percent (11%) of those respondents who are classed as 'underweight' are currently trying to lose weight, as well as 40% whose weight is within acceptable levels.

Table #19: Relative weight (body mass index) by self-rated health

Body Mass Index indicating	Excellent	Very good	Good	Fair	Poor
under weight	18	15	13	21	#
acceptable weight	53	53	41	40	37*
possibly overweight	13	13	25	15*	#
over weight	15	19	21	24	45*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #20: Relative weight (body mass index) by weight loss

Body Mass Index indicating	Lost weight in last 12 months	Trying currently	Intend to lose weight
under weight	#	11	12*
acceptable weight	38	39	24
possibly overweight	28*	19	16
over weight	23*	31	48

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #21: Relative weight (body mass index) by desired body index

Body Mass Index indicating	Under weight	Acceptable weight	Possibly overweight	Over weight
under weight	84	3	#	#
acceptable weight	10	73	#	#
possibly overweight	#	16	46	#
over weight	4*	8	48	97

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #22: Relative weight (body mass index) by eating behaviour

Body Mass Index indicating	Skip breakfasts	Snack	Eat 3 meals/day	(usually) Follow CFG**	Pre-prepared convenience
under weight	14	21	15	16	24*
acceptable weight	44	49	51	51	44
possibly overweight	17	14	16	15	14*
over weight	25	16	18	19	18*

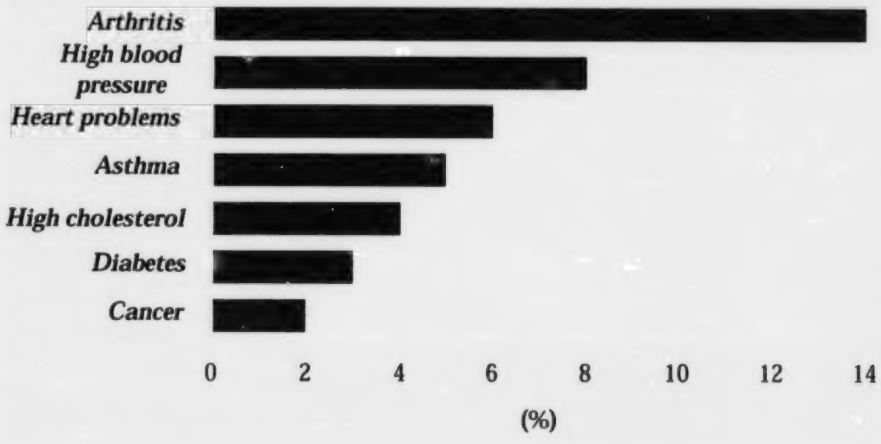
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.
** Canada's Food Guide

MEDICAL

The prevalence of health conditions in the population is difficult to estimate from medical records. As an indication of health status, the existence of such conditions as heart problems or diseases such as diabetes or cancer provides indicators of physical health status. For purposes of the survey, information about the prevalence of diagnosed heart problems and cancer was collected. This collection included respondents who were diagnosed both presently and in the past. In addition to these two major health conditions, other high incident health problems were solicited.

The Y.H.P.S. used a series of questions that detailed selected health problems presently or formerly diagnosed by a health care professional. Some conditions included further questioning regarding the action taken by the respondent in controlling such conditions as high blood pressure and cholesterol levels.

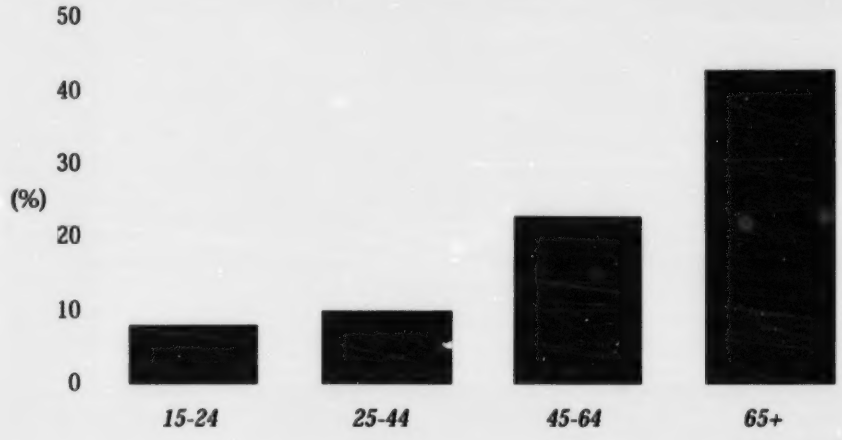
GRAPH #13
POPULATION PRESENTLY DIAGNOSED HEALTH PROBLEMS
By Health Problem - All Yukoners



What is the prevalence of selected health problems in the Yukon?

- Six percent (6%) of Yukoners have had heart problems in the past and 6% also indicate that they presently have heart problems.
- Fourteen percent (14%) of Yukoners report being diagnosed with arthritis.
- Eight percent (8%) report high blood pressure and 4% have high levels of blood cholesterol.
- Two percent (2%) of Yukoners state they are presently diagnosed with cancer (other than skin cancer) while 3% have formerly had some form of cancer (other than skin cancer).
- The top three health problems other than those discussed above were allergies, respiratory, and orthopedic problems.

GRAPH #14
POPULATION PRESENTLY DIAGNOSED WITH ARTHRITIS
By Age - All Yukoners



What are the characteristics of those with these health problems?

- Incidents of the reported health problems are similar for males and females except for arthritis. Seventeen percent (17%) of females report this condition while only 11% of males reported arthritis.
- Age is directly related to the incidence of virtually all of the selected health problems. Heart problems increase from 2% between the ages of 25-44 years to 24% for those respondents over the age of 65 years.
- High blood pressure increases similarly from 3% at ages 15-24 years to 24% at ages above 65 years.

Table #23:
Selected health problems by gender

		All	Female	Male
Former				
	heart problems	6	6	6
	cancer (other than skin cancer)	3	6	1*
Present				
	high blood pressure	8	8	8
	high blood cholesterol	4	3	5
	heart problems	6	5	4
	diabetes	3	3	3
	cancer	2	2*	2*
	arthritis	14	17	11
	asthma	5	5	5
	other:			
	1. Allergies			
	2. Respiratory problems			
	3. Orthopedic problems			

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #24: Selected health problems by age groups

		15-24	25-44	45-64	65+
Former					
	heart problems	#	3	10	35
	cancer (other than skin cancer)	#	2*	8	#
Present					
	high blood pressure	3*	5	16	24
	high blood cholesterol	3*	3	7	#
	heart problems	#	2*	7	24
	diabetes	#	2*	5*	#
	cancer	#	1*	5*	#
	arthritis	8	10	23	43
	asthma	3*	5	5*	9*
	other:				
	1. Allergies				
	2. Respiratory problems				
	3. Orthopedic problems				

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #25: Selected health problems by income adequacy

		Poor	Other poor	Lower middle	Upper middle	Rich
Former						
	heart problems	#	10*	6	4	8
	cancer (other than skin)	#	#	3*	4	#
Present						
	high blood pressure	#	9*	9	9	4*
	high blood cholesterol	#	5*	5	4	4*
	heart problems	#	14	2*	2*	6*
	diabetes	#	7*	2*	3*	#
	cancer	#	#	2*	2*	#
	arthritis	13*	16	14	16	10
	asthma	#	#	5	5	6*
	other:					
	1. Allergies					
	2. Respiratory problems					
	3. Orthopedic problems					

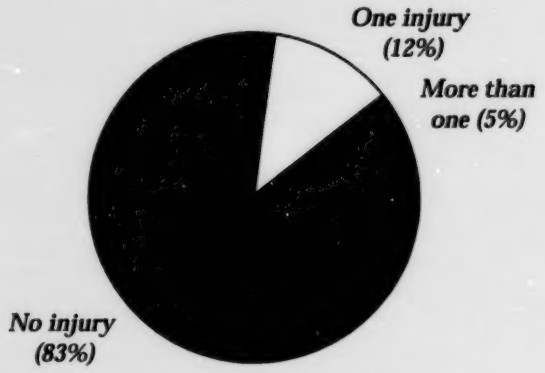
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

ACCIDENTAL INJURY

Unintentional injuries account for the majority of disabilities and deaths in the younger age cohorts. The principal causes tend to be motor vehicles, falls, water accidents, poisonings, gun accidents, and burns. Many of these injuries are preventable and represent a clear target for health promotion intervention.

The Y.H.P.S. distinguished between accidental and intentional injury and focused on services required and place of occurrence of injury. Of interest to Yukon priorities was the development of links between injuries and alcohol and other drugs.

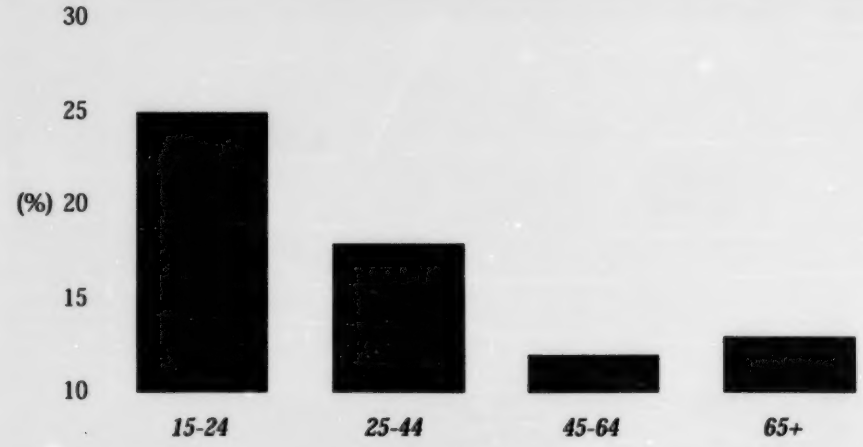
GRAPH #15
NUMBER OF INJURIES IN THE PAST 12 MONTHS
By Frequency - All Yukoners



What is the occurrence of injuries in the Yukon?

- Eighty-three percent (83%) of the Yukon population report not having been injured during the preceding 12-month period.
- Twelve percent (12%) indicate that they had one injury, while 5% indicate having more than one injury. Overall, 17% of Yukoners had one or more injuries during the 12 months preceding the survey.
- Alcohol or other drugs was reported to have been involved in 11% of the injuries.

GRAPH #16
PERCENT OF YUKONERS REPORTING AT LEAST ONE INJURY
By Age - All Yukoners



Are these related to the demographics of the population? What are the characteristics of those involved?

- Males report having more injuries (20%) versus 15% for females. In addition, males indicated more cases of multiple injuries during the year (7% versus 3% for females).
- Results also suggest that younger people have more multiple injuries than older people. Twenty-five percent (25%) of 15-24 year olds report one or more injuries. This contrasts to the age groups 45-64 years who report 12% and 65 years and older at 13%.

Table #26: Injuries by frequency

	All
Total injuries	
0 injuries	83
1 injury in last 12 months	12
more than 1	5

Table #27: Injuries by gender

	All	Female	Male
Total injuries	**17**	**15**	**20**
1 injury in last 12 months	12	11	13
more than 1	5	3	7

Table #28: Injuries by age groups

	15-24	25-44	45-64	65+
Total injuries	**25**	**18**	**12**	**13**
1 injury in last 12 months	16	11	10	12
more than 1	8	6	#	#

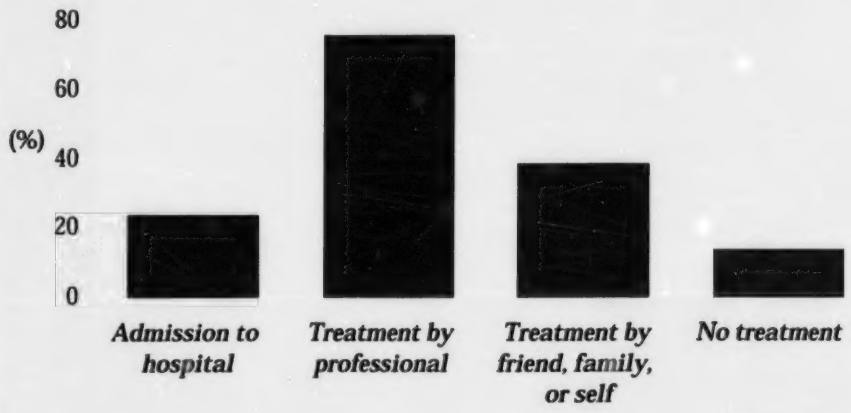
data suppressed due to high sampling variability.

Table #29: Injuries by services required

	Admission to hospital	Treatment by professional	Treatment by family, friends or self	No treatment
Total injuries				
All injuries	24	76	39	14
1 injury in last 12 months	27	82	37	11*
more than 1	17*	62	45	20*

* qualified sampling variation, use with

GRAPH #17 TREATMENT REQUIRED AS A PERCENT OF ALL INJURIES By Treatment - All Injuries



secondary

How are injuries related to other factors?

- The majority of injuries occur during sports activities (29%). The second most common place of occurrence is the work place (26%). These two are followed by walking (16%), home (15%), and other (15%).
- Twenty-four percent (24%) of those respondents who had one or more injury required admission to hospital, 76% required treatment by a professional, and 39% required treatment by family, friends or self; only 14% did not have any treatment at all. The survey question referred to the most recent injury only.
- Those respondents who have multiple injuries have less treatment in the hospital (17%), fewer treatments by health professionals (62%) and more self (45%) or non treatment (20%).

Table #30: Accidental injury by occurrence

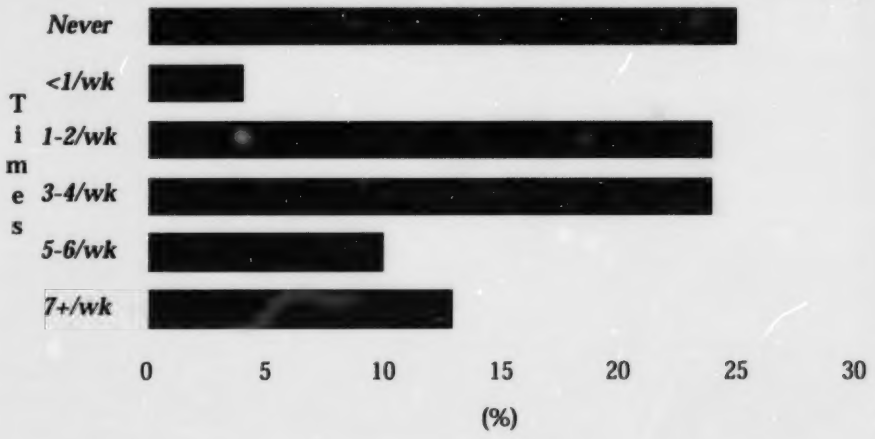
Injury occurred in	
in motor vehicle	4
walking	16
bicycle, motorcycle, ATV	4
sports	29
home	15
job	26
other:	15
Alcohol or drugs involved	11

EXERCISE AND PHYSICAL ACTIVITY

The relationship between health and physical activity has not been fully specified, yet there appear to be significant emotional and physical benefits directly or indirectly associated with exercise. Many epidemiological studies have demonstrated lower incidence of mortality from coronary heart disease among people who habitually engage in exercise. This evidence has become part of the popular mythology of aerobics, jogging, and sports. The benefit of exercise is portrayed to be increased work capacity, reduction of body weight, control of or therapy for obesity, coronary heart disease, hypertension, stress, and respiratory disease. People who engage in regular exercise report that they feel better and have more energy than those respondents who do not.

Exercise was captured in two forms. A standard definition of exercise was used that included the typical organized and constructed forms of activity. In addition, less rigorous forms were acknowledged for those respondents who do not relate to formal types of exercise. Given the nature of Yukon, seasonal variation of exercise was singled out as being of interest.

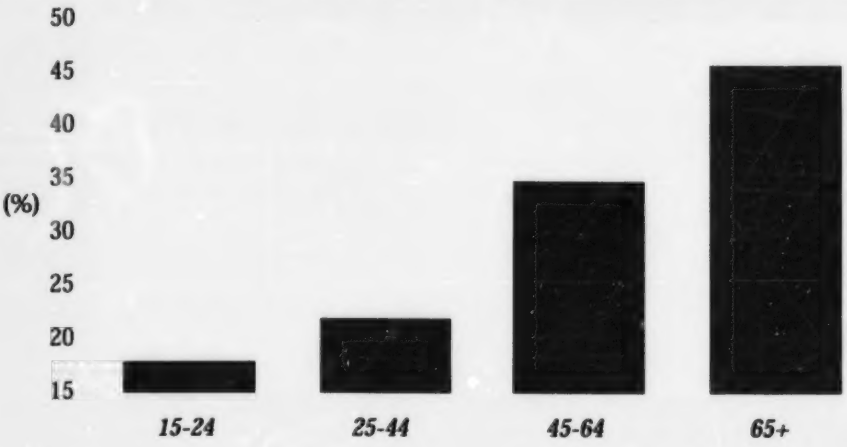
GRAPH #18
TIMES PER WEEK INDIVIDUALS ENGAGE IN VIGOROUS EXERCISE
By Frequency - All Yukoners



How often do Yukoners engage in vigorous exercise (such as aerobics, jogging, racquet sports, team sports, swimming, or brisk walking)?

- Vigorous exercise refers to such activities as aerobics, jogging, racquet sports, team sports, swimming or brisk walking. Twenty-five percent (25%) of Yukoners report that they never perform vigorous exercise on a weekly basis, while 13% state they do this type of activity on a daily basis.
- Twenty-four percent (24%) report exercising 3-4 times a week and another 24% of Yukoners exercise 1-2 times a week.

GRAPH #19
PERCENT OF POPULATION NEVER ENGAGING IN VIGOROUS EXERCISE
By Age - All Yukoners



Who does the most, who does the least? What are their characteristics?

- Comparable levels of exercise was observed for both male and females. Slightly more females reported never exercising (28%) than males (23%).
- The percentage of people who report exercising daily increases by age. Ten percent (10%) of 15-24 year olds exercise daily, this increases with age to 19% at age 65 years and over.
- Interestingly, the proportion of those respondents who say they never exercise also increases with age from 18% at ages 15-24 to 46% for those respondents aged 65 and over.
- Self-rated health is related to exercise with those respondents having the best self-rated health exercising more regularly than those respondents with poorer rated health.

Table #31: Vigorous exercise by gender

	All	Female	Male
Perform vigorous exercise			
daily	13	13	14
5-6 times a week	10	9	10
3-4 times a week	24	24	23
1-2 times a week	24	22	26
less than once a week	4	4	4
never	25	28	23

Table #32: Vigorous exercise by age groups

	15-24	25-44	45-64	65+
Perform vigorous exercise				
daily	10	12	18	19*
5-6 times a week	11	10	7	#
3-4 times a week	27	26	16	14*
1-2 times a week	28	25	19	11*
less than once a week	5*	3	5*	#
never	18	22	35	46

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #33: Vigorous exercise by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Perform vigorous exercise					
daily	13*	19	14	11	12
5-6 times a week	12*	6*	10	9	13
3-4 times a week	14*	28	23	23	25
1-2 times a week	21	17	22	26	26
less than once a week	10*	6*	2*	5	#
never	28	25	27	26	20

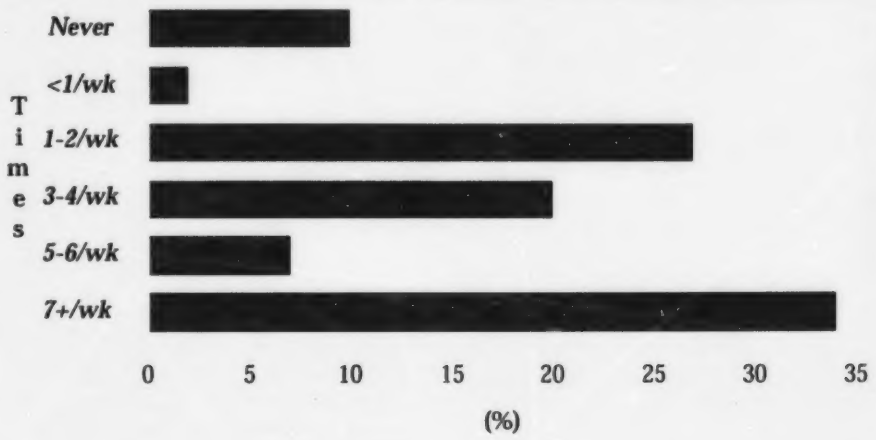
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #34: Vigorous exercise by self-rated health

Perform vigorous exercise	Excellent	Very Good	Good	Fair	Poor
daily	20	11	12	9*	#
5-6 times a week	17	12	3*	#	#
3-4 times a week	26	24	22	21	#
1-2 times a week	19	27	29	17	#
less than once a week	#	2*	8	#	#
never	16	23	26	44	71

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

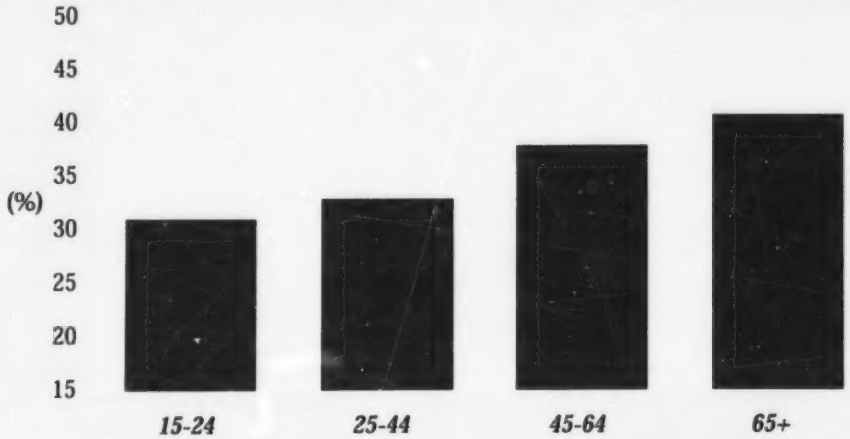
GRAPH #20 TIMES PER WEEK YUKONERS ENGAGE IN LEISURELY EXERCISE By Frequency - All Yukoners



How often do Yukoners engage in more leisurely forms of exercise (such as walking, golfing, stretching or gardening)?

- Many respondents indicate they did more leisurely forms of exercise such as walking, golfing, stretching, or gardening. Only 10% of the population indicate that they never undertook any form of leisurely activity during the week, while 34% report doing this type of activity daily.
- Seven percent (7%) report this form of activity 5-6 times a week and another 20% state they exercise 3-4 times a week.
- Twenty-seven percent (27%) undertake this form of exercise 1-2 times a week and only 2% less than once a week.

GRAPH #21 YUKONERS ENGAGING DAILY IN MORE LEISURELY EXERCISE By Age - All Yukoners



Who does this form of exercise? What are their characteristics?

- Daily leisurely exercise increases with age from 31% at ages 15-24 years to 41% at ages 65 years and over.
- No major change in the proportion of those respondents who never undertake this form of exercise was experienced as age increases - in contrast to the sharp increase seen in vigorous activity.
- Once again, no major differences are experienced between male or female, although a drop in daily activity is seen across the income adequacy gradient. Forty-seven percent (47%) classified as 'poor' report daily leisurely exercise, dropping to 28% for those respondents classified as 'rich'.

Table #35: Leisurely exercise by gender

Perform leisurely exercise	All	Female	Male
daily	34	33	35
5-6 times a week	7	7	8
3-4 times a week	20	21	18
1-2 times a week	27	28	25
less than once a week	2	2*	2
never	10	8	11

Table #36: Leisurely exercise by age groups

Perform leisurely exercise	15-24	25-44	45-64	65+
daily	31	33	38	41
5-6 times a week	5*	8	7	16*
3-4 times a week	19	22	17	10*
1-2 times a week	27	29	21	23
less than once a week	3*	2*	3*	#
never	14	7	13	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #37: Leisurely exercise by income adequacy

Perform leisurely exercise	Poor	Other poor	Lower middle	Upper middle	Rich
daily	47	42	39	27	28
5-6 times a week	#	#	10	7	7
3-4 times a week	15*	13	18	21	26
1-2 times a week	19	23	21	33	27
less than once a week	#	#	#	4	#
never	10*	16	10	7	10

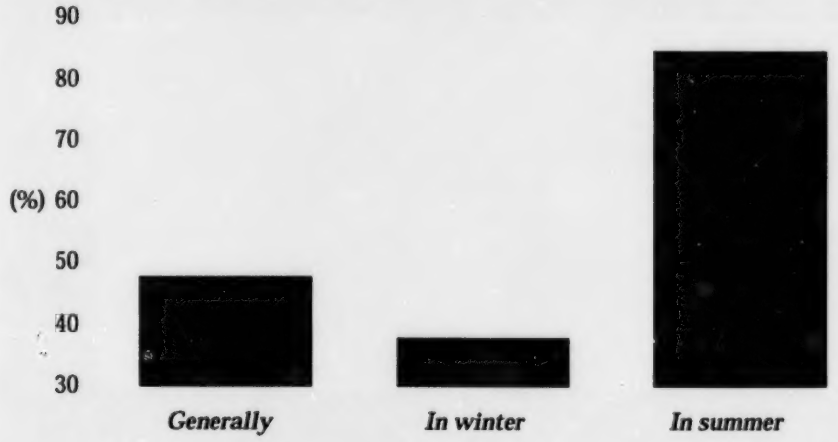
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #38: Leisurely exercise by self-rated health

Perform leisurely exercise	Excellent	Very good	Good	Fair	Poor
daily	40	31	32	31	38
5-6 times a week	7	9	6	#	#
3-4 times a week	17	23	21	12*	17*
1-2 times a week	24	26	31	29	#
less than once a week	#	3*	3*	#	#
never	11	7	7	19	28*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

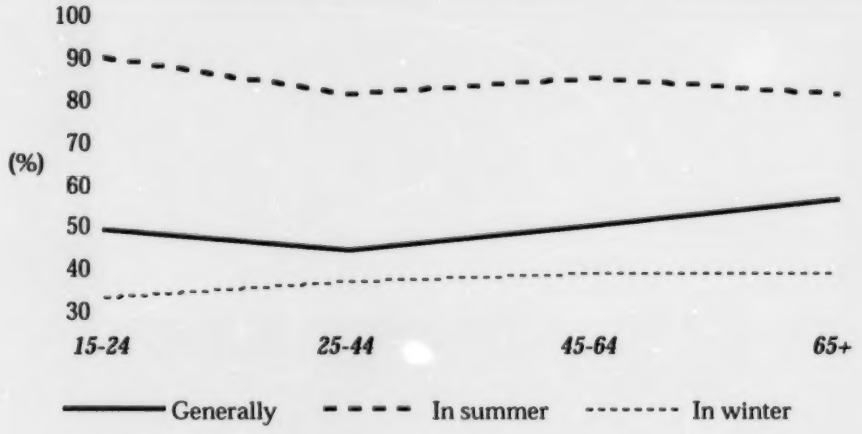
GRAPH #22
PERCENT OF POPULATION GETTING ENOUGH EXERCISE
By Season - All Yukoners



Do Yukoners perceive that they get enough exercise in the winter in Yukon? In the summer?

- Forty-eight percent (48%) of Yukoners report that they get enough exercise during the year.
- Seasonally, this story is very different. Thirty-eight percent (38%) of Yukoners state they get enough exercise in the winter while 85% indicate they get enough exercise in the summer.
- Generally, males (53%) say they get enough exercise compared to females (42%). This relationship is maintained for the winter (43% for males versus 32% for females).

GRAPH #23
PERCENT OF POPULATION GETTING ENOUGH EXERCISE
By Age - All Yukoners



What are their characteristics?

- There is some indication that in the summer, as age increases, getting enough exercise becomes more of a problem; 91% of those respondents 15-24 years of age are getting enough exercise compared to 82% of those 65 years and older who say they get enough exercise.
- This relationship with age is reversed during the winter when getting enough exercise improves with age from 34% for those respondents 15-24 years of age to 40% for those 45 years and older.

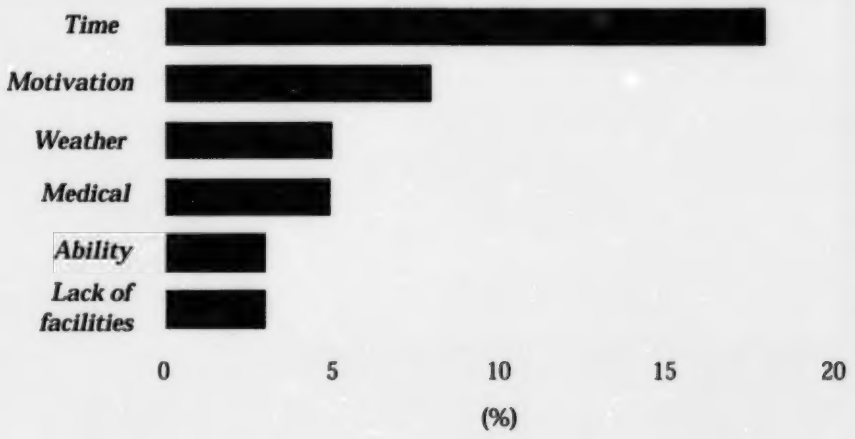
Table #39: Exercise by gender

Get enough exercise	All	Female	Male
generally	48	42	53
in winter	38	32	43
in summer	85	83	86

Table #40: Exercise by age groups

Get enough exercise	15-24	25-44	45-64	65+
generally	50	45	51	57
in winter	34	38	40	40
in summer	91	82	86	82

GRAPH #24
FACTORS PREVENTING GETTING ENOUGH EXERCISE
By Factor -
All those with something preventing them getting enough exercise



What are the factors that prevent Yukoners from getting more exercise? What are their characteristics?

- Fifty-five percent (55%) of Yukoners reported that something prevents them from getting more exercise.
- The number one factor that was reported that effects the amount of exercise Yukoners get is time. Females especially report that lack of time affected their level of exercise (53% of females compared to 47% of males).
- Motivation follows time at 8% and was equally a problem for both males and females.
- Third place is a tie between the weather and medical problems. More females report that weather was a major factor (63% versus 37% for males) in their ability to get exercise.
- Money is only a factor in 2% of those reporting.

Table #41: Factors affecting exercise

Factors affecting exercise		All
time		18
money		2
motivation		8
ability		3
interest		-
back problems		1
problems with joints		2
other:		18
1.	Weather	5
2.	Medical reasons	5
3.	Lack of facilities/access/costs	3

Table #42: Factors affecting exercise by gender

Factors affecting exercise	Female	Male
time	53	47
money	39*	61*
motivation	50	50
ability	57	43*
interest	#	#
back problems	#	63*
problems with joints	46*	54*
other:	58	42
1. Weather	63	37
2. Medical reasons	52	48
3. Lack of facilities/access/costs	64	36*

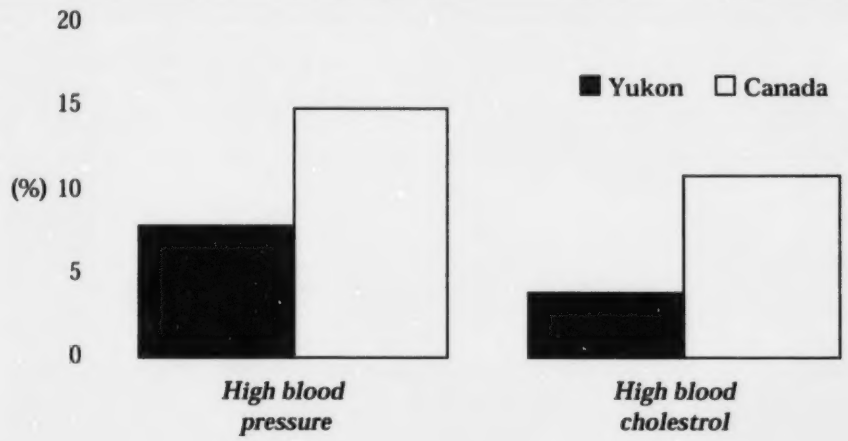
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL

High blood pressure is one of the most important risk factors for coronary heart disease and stroke. In addition, it contributes to disease of the kidneys and eyes. High blood pressure is one of many factors implicated in heart disease. Other factors include smoking, cholesterol, diabetes and obesity. As many as one in five Canadians may have an increased risk of developing cardiovascular disease due to high blood pressure.

The survey collected information both on prevalence and on the action to control the condition. Specifically, once either condition was identified, the respondent was asked if he or she was controlling this problem and how.

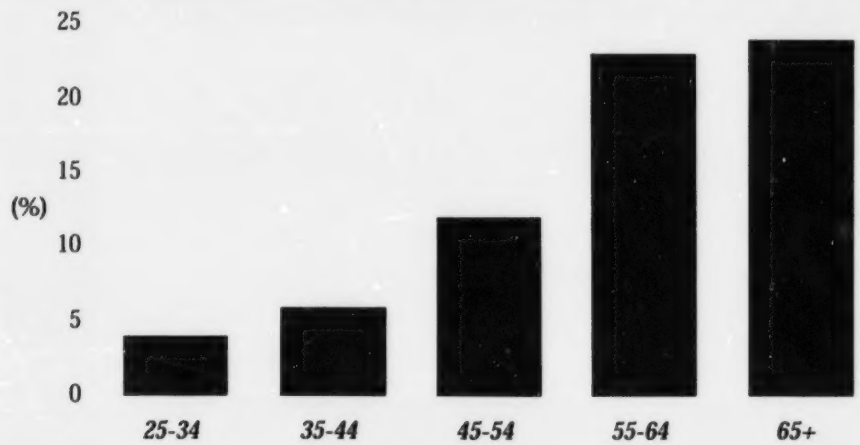
GRAPH #25
POPULATION PRESENTLY DIAGNOSED WITH HIGH BLOOD PRESSURE
By Condition - All Yukoners



What is the reported prevalence of diagnosed high blood pressure and cholesterol?

- Eight percent (8%) of all Yukoners report that they have been diagnosed with high blood pressure. This is very much lower than the Canadian average which is 15%.
- Four percent (4%) of Yukoners indicated being diagnosed with high blood cholesterol. This figure is also much less than the Canadian average of 11%.

GRAPH #26
POPULATION PRESENTLY DIAGNOSED WITH HIGH BLOOD PRESSURE
By Age - All Yukoners



Who suffers more from this type of health problems? If one were to target a group, which group would it be? What are their characteristics?

- Similar levels of both high blood pressure and high blood cholesterol are reported by Yukon males and females. This relationship is consistent with those gender similarities experienced in the national survey.
- Both the reported incidence of high blood pressure and high blood cholesterol increase with age.
- Incidence of high blood pressure increases from 4% in the age group 25-34 years to 24% in the age group 65 years and older. Once again this relationship is also seen in the national survey.
- Yukoners exhibit lower levels of both high blood pressure and high blood cholesterol at all age groups.

Table #43: High blood pressure and cholesterol by gender

		High blood pressure	High cholesterol
All	Yukon	8	4
	Canada	15	11
FEMALE	Yukon	8	3
	Canada	16	11
MALE	Yukon	8	5
	Canada	15	11

Table #44: High blood pressure and cholesterol by age groups

		High blood pressure	High cholesterol
15-19	Yukon	#	#
	Canada	4*	#
20-24	Yukon	#	#
	Canada	5*	4*
25-34	Yukon	4*	#
	Canada	7	6
35-44	Yukon	6	5*
	Canada	12	11
45-54	Yukon	12	5*
	Canada	19	16
55-64	Yukon	23	11*
	Canada	28	22
65+	Yukon	24	#
	Canada	35	16

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #27 POPULATION WITH HIGH BLOOD PRESSURE AND HEART CONDITIONS
Population with high blood pressure

All Yukoners with high blood pressure

Those with present heart conditions (18%)

Is there a relationship between heart problems, high blood pressure, and cholesterol?

- As would be expected, those Yukoners with high blood pressure report higher incidence of heart conditions than is experienced in the general population.
- Similarly, those respondents with high blood cholesterol also report much higher incidence of heart problems, both in the past and the present.

Table #45: Heart problems by high blood pressure and cholesterol

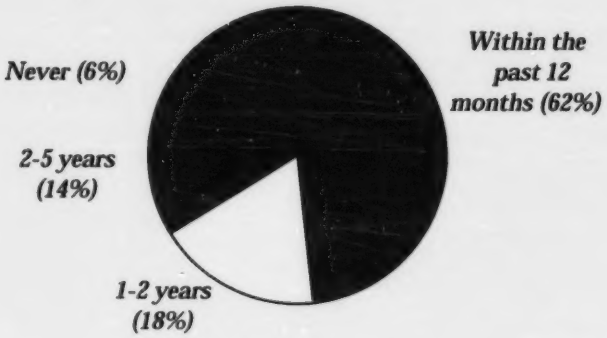
		Diagnosed with	
		High blood pressure	**High blood cholesterol**
Past			
	heart condition	24	13
Present			
	heart condition	18	14

PAP SMEAR

Cancer is the leading cause of death in Canadian women. Cervical cancer, although not as prevalent as breast cancer, is a major health concern. It is estimated that one in 100 (1%) of Canadian women will develop cervical cancer. The Pap smear test is acknowledged as an early detection measure for cervical cancer. Females are recommended to have tests once sexually active. After the initial test, re-screening typically occurs every three years until age 69 for all women over the age of 18.

In addition to the identification of occurrence, the Y.H.P.S. captured the time since their last test.

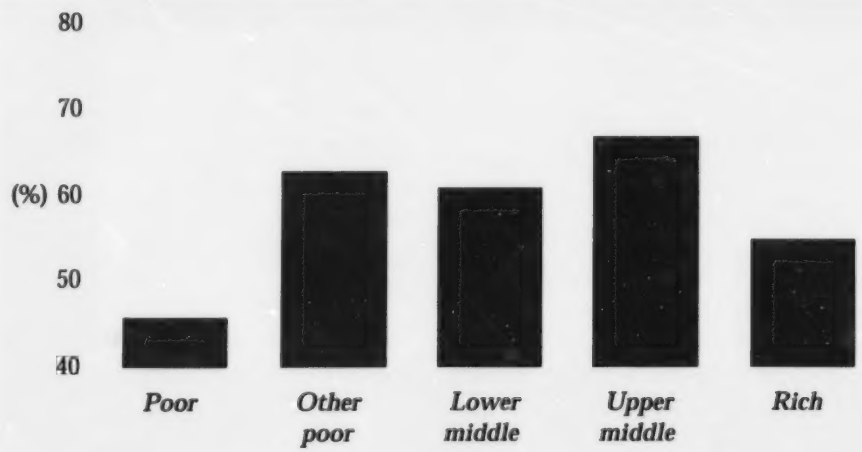
GRAPH #28
TIME SINCE LAST PAP SMEAR TEST
By Time Period - All Yukon women



How often do Yukon women have pap smear screening for cancer? Is the recommended frequency for this group of women being adhered to?

- Sixty-two percent (62%) of all Yukon females report having a PAP smear test within the 12 months preceding the survey compared to 50% at the national level.
- Eighteen percent (18%) indicate that it was 1-2 years since their last test, while 14% report it was 2-5 years ago.
- Six percent (6%) of Yukon females indicate that they had never had a PAP smear test.

GRAPH #29
POPULATION HAVING A PAP SMEAR TEST WITHIN PAST 12 MONTHS
By Income - All Yukon women



Which group does, which group does not? What are their characteristics?

- Income adequacy appears to be related to the proportion of Yukon females who have had a test in the 12 month preceding the survey. Forty-six percent (46%) of those respondents classified as 'poor' had a test in the past 12 months compared to a high of 67% for those of 'upper middle' income adequacy.
- It is interesting to note that those respondents within the 'rich' category had the second lowest rate.
- Thirty-two percent (32%*) of those females 65 years and older report they have never had a PAP smear test; this is followed by those 15-24 years old.
- Education appears to have a correlation with the proportion of those reporting having had a test within the past 12 month. Those respondents with university, college, or post-secondary education have a much higher reported incidence than others (70% versus 53% for those with secondary or less).

Table #46: PAP smear test by age groups (female population)

	All	15-24	25-44	45-64	65+
Last PAP smear test					
within last 12 months	62	61	67	54	26*
1-2 years	18	14	19	19	#
2-5 years	14	12	10	24	28*
never	6	13	2*	#	32*

Table #47: PAP smear test by income adequacy (female population)

	Poor	Other poor	Lower middle	Upper middle	Rich
Last PAP smear test					
within last 12 months	46	63	61	67	55
1-2 years	21*	13*	19	16	23
2-5 years	18*	18*	11	13	16*
never	#	#	9*	4*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #48: PAP smear test by education (female population)

	Secondary or less	Post secondary
Last PAP smear test		
within last 12 months	53	70
1-2 years	18	18
2-5 years	18	10
never	10	#

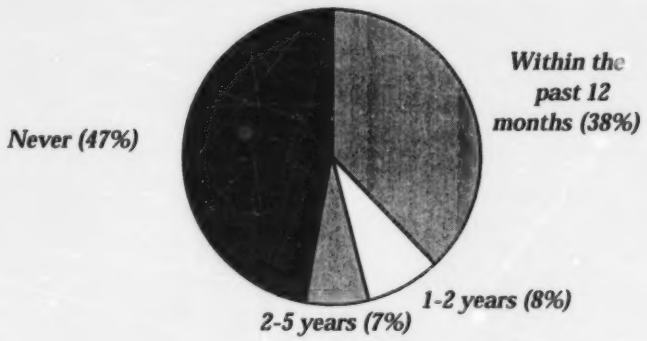
\# data suppressed due to high sampling variability.

MAMMOGRAPHY SCREENING

Controversy abounds regarding the timing and age of initial mammography screening. Regardless of the debate, breast cancer represents one of the leading causes of all deaths for females. It is estimated that one in ten (10%) Canadian women will get breast cancer in their life time. The Canadian Task Force on the Periodic Health Examination recommends annual physicals and that mammography exams be given to females between the ages of 50 and 69 every two years.

Information on mammography in the Y.H.P.S. included identification of having the test during the past 12 months and, if none, then the time interval since the last test. In addition, information was gathered on whether a physician had prescribed the test.

GRAPH #30
TIME SINCE LAST MAMMOGRAPHY EXAM
By Time Period - All Yukon women 50 years and over



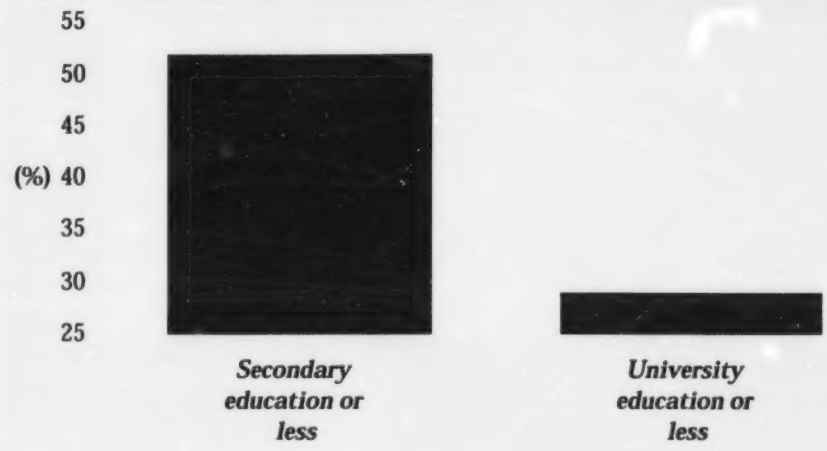
When was the most recent mammography screening for Yukon women aged 50 years and older?

- For those women aged 50 years and older, 38% report having a mammography exam within the 12-month period preceding the survey.
- Eight percent (8%) had received a mammography exam within the past 1-2 years while another 7% state they had undergone a mammography exam within the past 2-5 years.
- Forty-seven percent (47%) of females over the age of 50 report having never had a mammography exam.

Table #49: Mammography exam by age groups (female population 50 and over)

	All
Last Mammography exam	
within last 12 months	38
1-2 years	8
2-5 years	7
never	47

GRAPH #31
POPULATION NEVER HAVING HAD A MAMMOGRAPHY EXAM
By Education - All Yukon women 50 years and over



Who participates and who does not? What are their characteristics?

- Education levels are related to the incidence of 'never' having had a mammography exam. Twenty-nine percent (29%) of those respondents with some post-secondary education have not had a mammography exam, in contrast to 52% for those with secondary or less education.
- Income adequacy exhibits some association. Although numbers are limited for 'lower' income categories, 40% of 'lower middle' income report having 'never' had a mammography exam.
- Those respondents in 'higher' income categories indicate high levels of 'never' having an exam (45% for 'upper middle' and 53% for those classified as 'rich'). Although the trend appears strong, the numbers are qualified (CV 16 to 33).

Table #50: Mammography exam by income adequacy (female population 50 and over)

	Poor	Other poor	Lower middle	Upper middle	Rich
Last Mammography exam					
within last 12 months	#	#	33*	44	41*
never	#	#	40*	45*	53*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #51: Mammography exam by education (female population 50 and over)

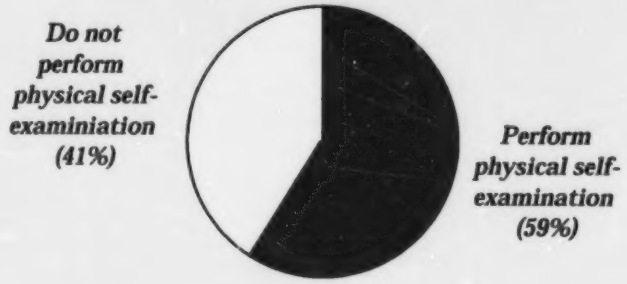
	Secondary or less	Post secondary
Last Mammography exam		
within last 12 months	38	42*
never	52	29*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SELF-EXAMINATION

Women are advised by health professionals to actively practice breast self-examination on an ongoing basis. Both mammography and physical self-examination contribute to early diagnosis of breast cancer.

GRAPH #32
POPULATION PERFORMING SELF-EXAMINATION FOR BREAST CANCER
All Yukon women



Do Yukon Women regularly perform physical self-examination for breast cancer?

- Fifty-nine percent (59%) of all Yukon females report that they regularly perform self-examination for breast cancer. Conversely 41% of women do not.

Table #52: Self-examination by age groups (female population)

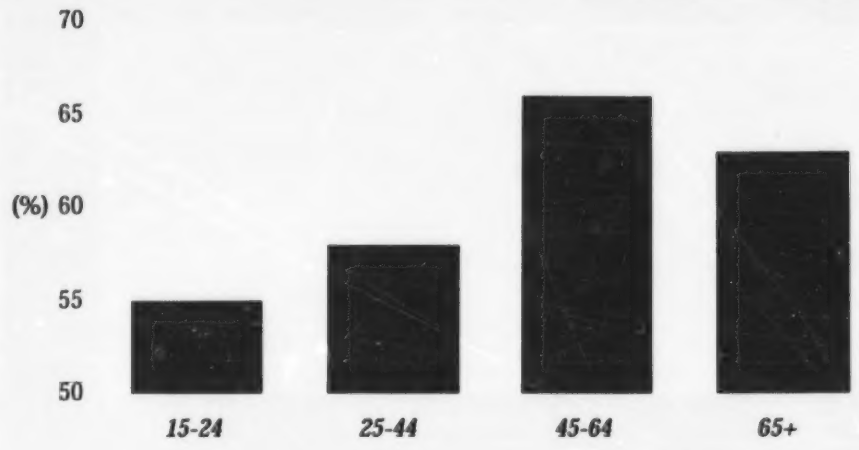
	All	15-24	25-44	45-64	65+
Perform breast self-examination	59	55	58	66	63
Do not perform breast self-examination	41	45	41	34	37*

* qualified sampling variation, use with caution.

Table #53: Self-examination by income adequacy (female population)

	Poor	Other poor	Lower middle	Upper middle	Rich
Perform breast self-examination	47	65	61	61	54
Do not perform breast self-examination	53	35	39	39	46

GRAPH #33
POPULATION PERFORMING SELF-EXAMINATION FOR BREAST CANCER
By Age - All Yukon women



What are the characteristics of these women?

- The proportion of women who state they perform physical self-examination for breast cancer increases with age. Fifty-five (55%) of those respondents aged 15-24 years perform this type of examination compared to 66% of women aged 45-64 years of age.
- Income adequacy is associated with the proportion of women who perform physical examinations for breast cancer - ranging from 47% of all those respondents classified as 'poor' to a 65% 'other poor' and 61% in the category 'lower middle' and upper middle'.
- It is interesting to observe the marked difference between the 'poor' category at 47% and the 'other poor' at 65%.
- Unlike Pap Smear practices, breast self-examination does not vary with education levels.

Table #54:
Self-examination by education (female population)

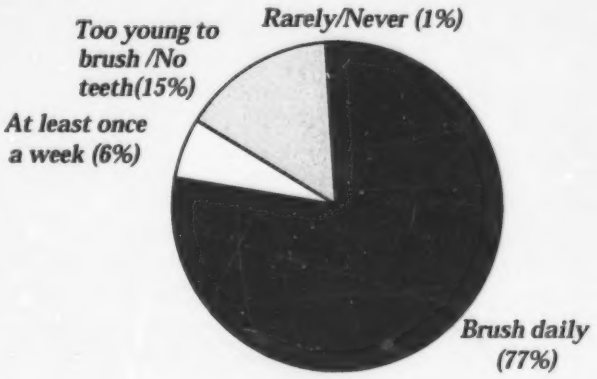
	Secondary or less	Post secondary
Perform breast self-examination	59	60
Do not perform breast self-examination	41	40

DENTAL

Dental disease is likely the most prevalent health problem in the Yukon. The two most common diseases include tooth decay and disease of the gum and other supporting tissues. For the most part both are preventable with ongoing dental care by the individual and professional services.

The Y.H.P.S. limited its focus to an assessment of those in need of dental care through self-perception, information on visitation, and information on the reasons for these visits. In addition, basic dental hygiene was addressed as represented by brushing and flossing for children and adults.

GRAPH #34
CHILDREN BRUSHING THEIR TEETH
By Frequency - All children under 15 years



How often do children brush their teeth?

- Of households reporting on behalf of the youngest child, 77% of children brushed their teeth 'daily', while 6% brushed 'at least once a week' and a qualified 1% brushed 'rarely or never'. Fifteen percent (15%) of these children were 'too young' to brush their teeth or 'had no teeth'.

Table #55: Child dental care by gender

	All	Female	Male
Brush teeth			
daily	77	80	74
at least once a week	6	7*	5*
rarely/never	1*	#	#
too young, no teeth	15	12	18

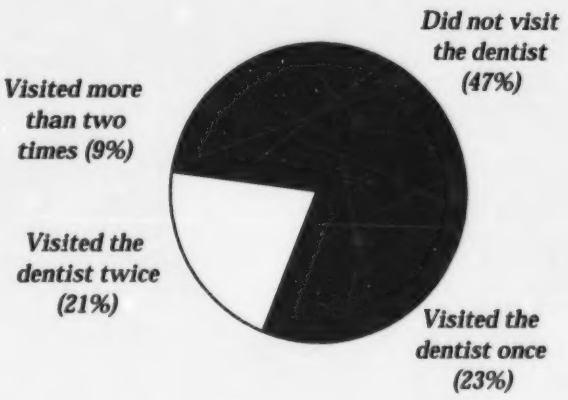
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #56: Child dental care by age groups

	1-4	5-9	10-14
Brush teeth			
daily	77	96	96
at least once a week	10*	#	#
rarely/never	#	#	#
too young, no teeth	11*	#	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #35
NUMBER OF DENTAL VISITS IN PAST 12 MONTHS
By Frequency - All children under 15 years



How often do children see a dentist in a 12 month period?

- Forty-seven percent (47%) of children (households with children and reporting for their youngest child) did not see a dentist in the 12 months preceding the survey.
- Of these children, twenty-three percent (23%) saw a dentist, while 21% visited a dentist twice and 9% visited a dentist more than twice.
- Age was the major influence on the number of visitations to the dentist. Ninety-seven percent (97%) of those respondents under one year did not see a dentist, 74% for 4 years under, and only 8% of those five year and over. Note that in the Yukon children 5 years and older are covered under a school dental program.

Table #57: Child dentist visitation by gender

	All	Female	Male
Saw dentist in last 12 months			
zero	47	45	50
once	23	27	19
twice	21	19	21
more than 2 times	9	9*	8*

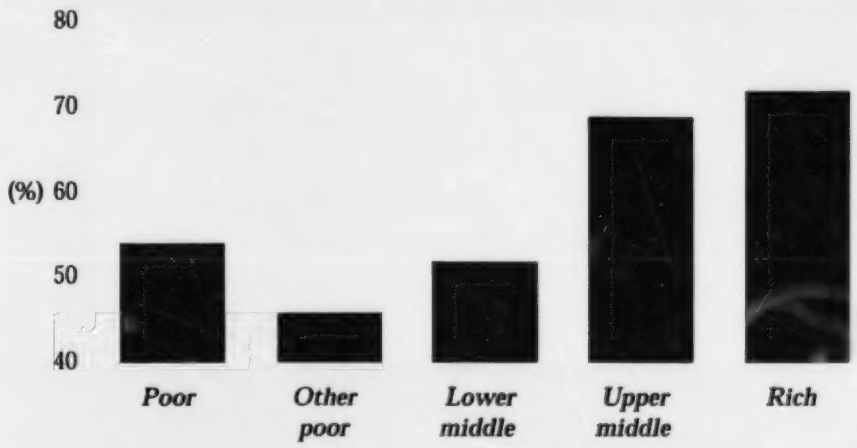
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #58: Child dentist visitation by age groups

	<1	1-4	5-9	10-14
Saw dentist in last 12 months				
zero	97	74	18	18*
once	#	17	28	37
twice	#	6	34	35
more than 2 times	#	#	13*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #36
POPULATION WITH DENTAL PLAN COVERAGE
By Income - All Yukoners



What proportion of Yukoners is covered by dental plans?

- Overall, 61% of Yukoners have some form of dental insurance coverage. This figure is influenced by the dental programs provided to native peoples and the high proportion of government employees who have a dental program.
- Slightly more females (64%) have dental plan coverage than males (59%). Although the numbers are close, they exhibit a real proportional difference.
- Income adequacy is associated with the proportion of dental coverage.
- Fifty-four percent (54%) of those respondents classified as 'poor' have dental coverage, compared to 72% of those termed 'rich'.

Table #59: Adult dentist visitation by gender

	All	Female	Male
Covered by dental plan	61	64	59
Have seen the dentist in past 12 months	60	64	56

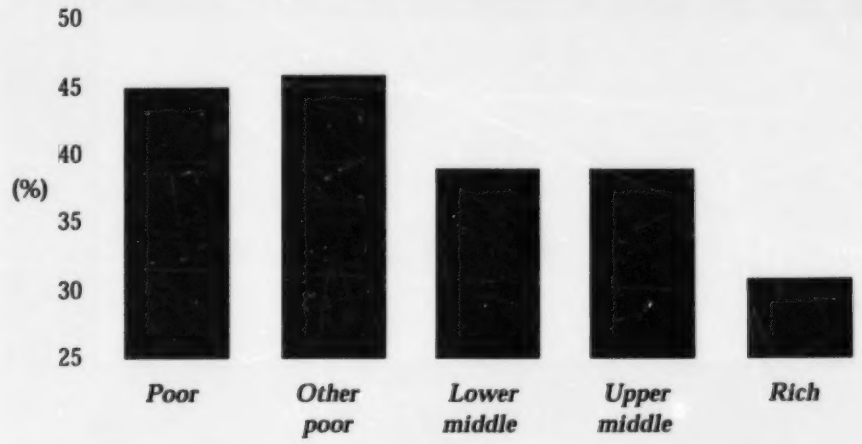
Table #60: Adult dentist visitation by age groups

	15-24	25-44	45-64	65+
Covered by dental plan	60	62	59	64
Have seen the dentist past 12 months	54	63	58	61

Table #61: Adult dentist visitation by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Covered by dental plan	54	46	52	69	72
Have seen the dentist in past 12 months	53	54	57	63	67

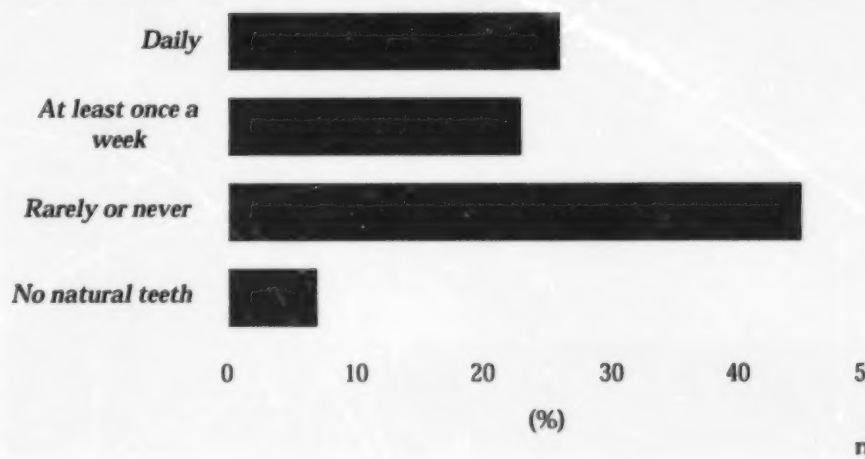
GRAPH #37
POPULATION IN NEED OF DENTAL CARE
By Income - All Yukoners



How many adults require dental care?

- Thirty-nine percent (39%) of all Yukoners indicate that they are in need of dental care at the time of the survey.
- Those respondents in the age group 25-44 years report the highest proportion in need at 43% in comparison to 36% for 15-24 years and 32% for those 45-64 years of age.
- Yukoners classified as 'rich' indicate that 31% of them are in need of some type of dental care, compared to 45% and 46% of those respondents classified as 'poor' or 'other poor'.

GRAPH #38
POPULATION FLOSSING TEETH
By Frequency - All Yukoners



How do they care for their teeth?

- A very high proportion of all Yukoners indicate that they brush daily (93%).
- Little variation is seen across gender or age. It should be noted that the lower proportion of brushing in the 65-year and older group (14%) is related to the higher proportion of individuals without their natural teeth (31%).
- Twenty-six percent (26%) of all Yukoners report flossing daily, while 23% indicate that they floss at least once a week.
- Forty-five percent (45%) of respondents state that they rarely or never floss their teeth.

Table #62: Adult dental care by gender

	All	Female	Male
In need of dental care	**39**	**39**	**39**
Floss			
daily	26	32	19
at least once a week	23	25	20
rarely/never	45	34	55
Brush			
daily	93	94	92
at least once a week	3	#	5
rarely/never	1*	#	1*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #63: Adult dental care by age groups

	15-24	25-44	45-64	65+
In need of dental care	**36**	**43**	**32**	**38**
Floss				
daily	28	26	24	14*
at least once a week	31	24	15	#
rarely/never	38	47	44	48
Brush				
daily	96	96	89	74
at least once a week	#	3	2*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #64: Adult dental care by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
In need of dental care	**45**	**46**	**39**	**39**	**31**
Floss					
daily	19	28	28	23	28
at least once a day	25	21	21	23	24
rarely/never	48	45	43	47	42
Brush					
daily	88	88	94	94	94
at least once a day	7*	#	2*	2*	#
rarely/never	#	#	2*	#	#

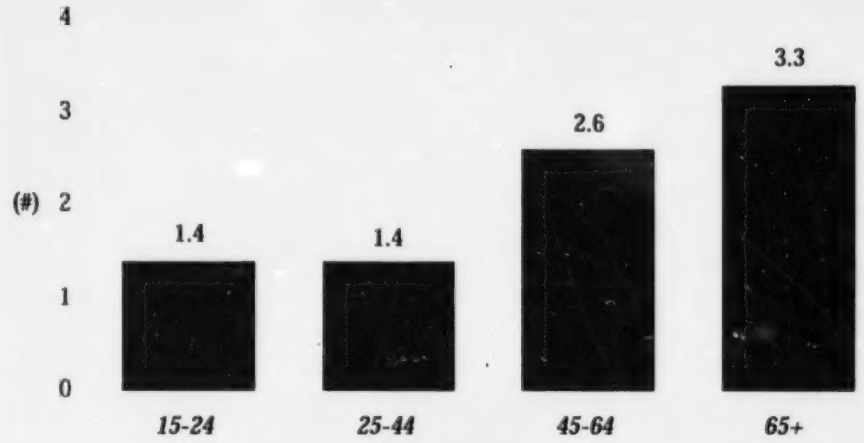
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

PREGNANCY

The assurance of a healthy birth is one priority in preventing disease and promoting health. Many factors influence children at birth and reflect the health of the mother during and before the birth of a child, parental socio-economic status, and lifestyle characteristics.

Information collected in the survey centered on live births, miscarriages, and other issues of pregnancy. One special topic for the Yukon included a question dealing with mothers having to leave their home community and travel to a larger centre for extended periods of time prior to birth.

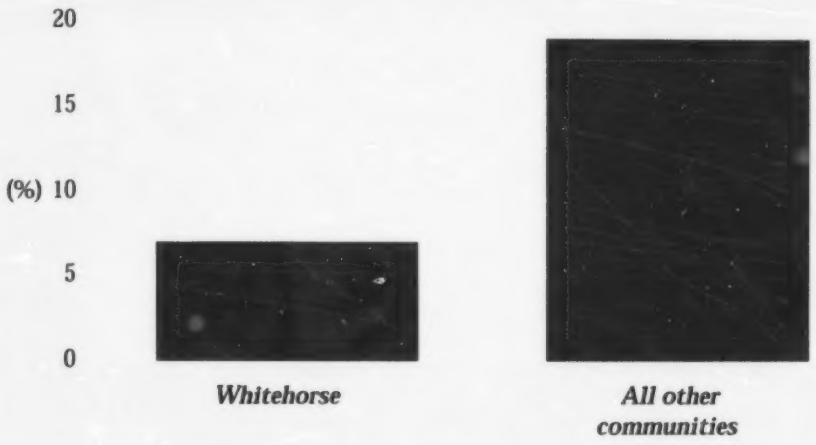
GRAPH #39
AVERAGE NUMBER OF LIVE BIRTHS
By Age of Respondent - All Yukon women



What is the profile of child birth in the Yukon?

- Overall, the average number of live births for Yukon is 1.7 births per female aged 15 years and over.
- This figure increases with age as a result of increased fertility and increased opportunity (in years) for child birth. Those respondents in the age groups 15-44 years report an average of 1.4 live births. This figure increases to 2.6 for those 45-64 and 3.3 for those 65 years and older.
- The number of miscarriages remains constant over the entire age distribution at approximately 0.4 per female or four out of ten.
- Five percent (5%) of Yukon women were expecting a child at the time of the survey. These women were mostly within the age group 15-to-45 years of age.

GRAPH #40
MOTHERS WHO LEFT COMMUNITY TO GIVE BIRTH
By Community - All Yukon women with at least one live birth



What proportion of mothers has had to leave their communities to give birth?

- Eleven percent (11%) of all Yukon women had to leave their home community in order to give birth to their child. This phenomenon is common to northern communities.
- The major determinant is one's place of residence. Almost 20% of women in communities other than Whitehorse had to leave their home community compared to 7% of Whitehorse women. This figure is difficult to interpret as some women in Whitehorse may have previously lived in other Yukon communities and left those communities for child birth.

Table #65: Child birth by age groups

	All	15-24	25-44	45-64	65+
Average number					
live births	1.7	1.4	1.4	2.6	3.3
miscarriages	0.4	0.3	0.4	0.4	0.4
Proportion					
expecting	5	6*	6	#	#
had to leave community for a birth	11	#	15	#	#

* qualified sampling variation, use with caution
\# data suppressed due to high sampling variability

Table #66: Child birth by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Average number					
live births	1.6	2.1	2.1	1.4	1.6
miscarriages	0.4	0.6	0.4	0.3	0.4
Proportion					
expecting	#	#	#	6*	#
had to leave community for a birth	#	14*	18	8*	#

* qualified sampling variation, use with caution
\# data suppressed due to high sampling variability

Table #67: Child birth by education

	Secondary or less	Post secondary
Average number		
live births	2.0	1.4
miscarriages	0.4	0.4
Proportion		
expecting	4*	5*
had to leave community for a birth	13	9

* qualified sampling variation, use with caution
\# data suppressed due to high sampling variability

Table #68: Child birth by community

	Whitehorse	Other
Average number		
live births	1.6	2.0
miscarriages	0.4	0.3
Proportion		
expecting	4	5*
had to leave community for a birth	7	19

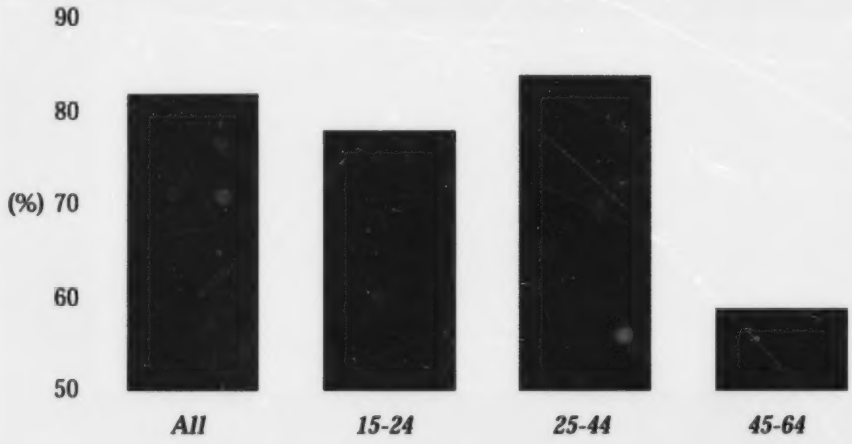
* qualified sampling variation, use with caution.

BREAST FEEDING

Breast feeding is implicated with improved nutrition for infants as well as a positive contributing factor to the mental and emotional well-being of the child and mother.

In addition to questions on breast feeding, the survey collected information on reasons for not breast feeding, reasons for stopping breast feeding, and the duration of the activity.

GRAPH #41
MOTHERS HAVING BREAST FED AT LEAST ONE CHILD
By Age -
All Yukon women with children under 15 years



What is the incidence of breast feeding? What are the characteristics of the mothers?

- A very high proportion of Yukon women (82%) report breast feeding at least one of their children.
- This figure is highest for women 25-44 years of age (84%) and lowest for those women in the age cohorts 45-64 years (59%).
- When confined to only women who have breast fed at least one child in their past, 94% of these women indicate that they had breast fed their youngest child.
- Of this group, 97% of women aged 15-24 years breast fed their youngest, while 93% of those respondents 25-45 years of age and 96% of those 45-64 years breast fed their youngest child.

Table #69:
Breast feeding by age groups (of mother)

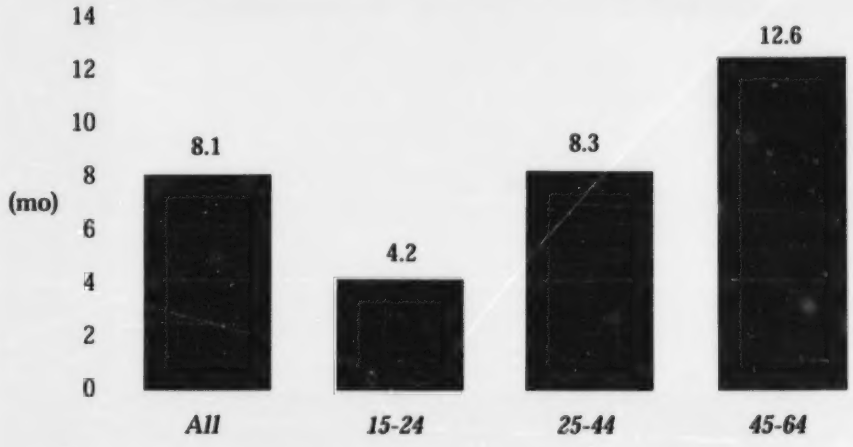
	All	15-24	25-44	45-64	65+
Any child breast fed	82	78	84	59	#
Youngest child breast fed	94	97	93	96	#
Average months of breast feeding	8.1	4.2	8.3	12.6*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #70:
Breast Feeding by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Any child breast fed	78	81	79	85	85
Youngest child breast fed	93	91	94	94	96
Average months of breast feeding	7.9	8.2	8.4	7.6	8.4

GRAPH #42
AVERAGE MONTHS OF BREAST FEEDING
By Age of Respondent - All Yukon women having breast fed youngest child



How long did the mothers breast feed their children?

- The average number of months children are breast fed in the Yukon is 8.1.
- This length varies considerably by the age of the mother. For those respondents aged 15-24 years the average duration in months is 4.2. This average increases to 8.3 months for those mothers aged 25-44 years and increasing to 12.6 months for those mothers aged 45-64 years.

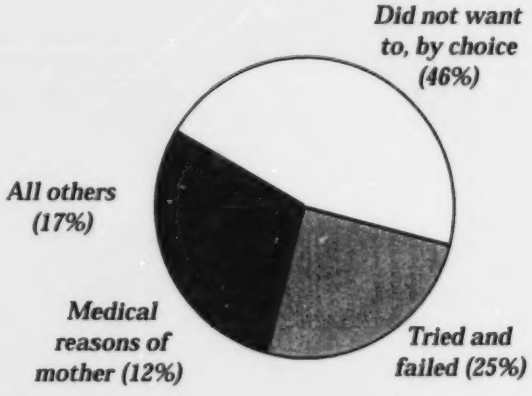
Table #71: Breast Feeding by education

	Secondary or less	Post secondary
Any child breast fed	78	86
Youngest child breast fed	93	94
Average months of breast feeding	7.0	8.9

Table #72: Breast Feeding by community

	Whitehorse	Other
Any child breast fed	83	81
Youngest child breast fed	92	97
Average months of breast feeding	7.9	

GRAPH #43
REPORTED REASONS FOR NOT BREAST FEEDING CHILD
By Reason - All mothers who had not breast feed their youngest child



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Why do mothers not breast feed?

- For those mothers who did not breast feed their youngest child, reasons for this decision were sought. Forty-six percent (46%) of women who did not breast feed indicated that they did not want to or they did not purely by choice.
- Another 25% of this group indicated that they had tried to breast feed but were unable to do so, while another group constituting 12% could not because of medical complications of the mother.
- Lastly, there are 17% of this group who give other reasons too varied to report.

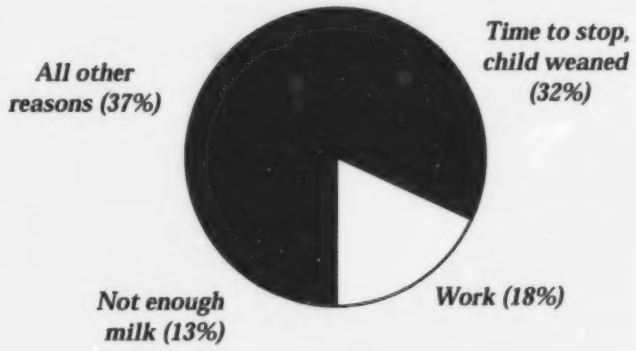
Table #73: Reasons for not breast feeding

		Proportion %
1.	Did not want to/choice	46
2.	Tried and failed/could not	25
3.	Medical reasons - mother	12

Table #74: Reasons for stopping breast feeding

		Proportion %
1.	Time to stop/weaned	32
2.	Work	18
3.	Not enough milk	13

GRAPH #44
REASON FOR HAVING STOPPED BREAST FEEDING
By Reason - All those mothers who had breast fed their youngest child



Why do Yukon mothers stop breast feeding? What are the reasons?

- For those mothers who breast fed, reasons for stopping breast feeding were requested. Thirty-two percent (32%) of this group of women indicate they stopped when the child was weaned or merely because it was a natural time to stop.
- Another 18% of this group of women indicate that they stopped because of work-related reasons.
- Finally, a group of 13% report that they stopped because they did not have enough milk to feed the child.

SECTION PROFILE #3

	Body Mass Index *Underweight (<20)* % of pop 20-64		Body Mass Index *possible + overweight (>=25)* % of pop 20-64		Vigorous Exercise *5 times or more/week* % of pop	Leisurely Exercise *5 times or more/week* % of pop
Yukon						
All		16		33	22	41
Age						
15-24	21+	40+		22	37	
25-44	16	31		22	40	
45-64	14	48		25	44	
65+		na		na	27	56
Sex						
Male		14		46	24	43
Female	18	26		22	40	
Location						
Whitehorse	16	33		23	36	
Other	15	43		23	51	
Income Adequacy						
Poor		21		37	25	49
Middle	14	36		22	41	
Rich		19		35	25	35
Employment						
Employed	16	36		22	40	
Unemployed	15	34		28	41	
Education						
Secondary or less		14		40	23	44
Post secondary		17		32	23	39
Qualitative						
Emotional	16	34		22	40	
Social	16	36		25	42	
Spiritual	15	37		27	45	
Physical	16	35		24	42	
Dependents						
With		16		31	20	39
Marital Status						
Single	17	31		29	41	
With partner	15	38		18	40	
Separated, divorced, or widowed	15			38	30	47
Other						
Smoker	19	29		22	43	
Heavy drinker		18		33	25	44
Live in Yukon > 5 yrs		15		38	22	44

\# data suppressed due to high sampling variability.
\+ reported for 20 to 24 only

SECTION PROFILE #4

		Diagnosed *heart problem* % of pop	PAP testing *in last 2 years* % of female pop	Mammography testing *in last 2 years* % of female pop	Dental work *in need of* % of pop
Yukon					
All		4	78	22	39
Age					
15-24	#	74	18	36	
25-44	2*	84	15	43	
45-64	7	70	44	32	
65+		24	38*	40*	38
Sex					
Male		4	na	na	39
Female	5	78	22	39	
Location					
Whitehorse	3	80	23	37	
Other	8	73	21	43	
Income Adequacy					
Poor		10	68	21	46
Middle	2	81	22	39	
Rich		6*	76	24	31
Employment					
Employed	3	81	22	38	
Unemployed	#	78	13	40	
Education					
Secondary or less		6	69	24	41
Post secondary		3	87	21	37
Qualitative					
Emotional	5	79	22	39	
Social	5	82	24	37	
Spiritual	7	78	25	38	
Physical	4	79	23	38	
Dependents					
With		3	82	17	42
Marital Status					
Single	#	76	9*	41	
With partner	3	83	23	38	
Separated, divorced, or widowed	12		63	33	39
Other					
Smoker	3*	79	17	46	
Heavy drinker		#	81	21*	46
Live in Yukon > 5 yrs		6	75	25	40

* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

		Child breast fed *At least one of children* % of families with children	Children *in day care* % of children < 14 yrs	Self-examination *testicular* % of male pop	Self-examination *breast* % of female pop
Yukon					
All		82	20	14	59
Age					
15-24	62	18	11	55	
25-44	85	22	14	58	
45-64	84	12	16	66	
65+		#	#	#	63
Sex					
Male		84	23	14	#
Female	81	18	#	60	
Location					
Whitehorse	83	21	15	61	
Other	81	20	12	56	
Income Adequacy					
Poor		80	17	9*	58
Middle	82	19	13	61	
Rich		85	29	22	54
Employment					
Employed	82	24	17	60	
Unemployed	83	14	6*	62	
Education					
Secondary or less		78	22	12	59
Post secondary		86	19	15	60
Qualitative					
Emotional	82	19	16	60	
Social	81	22	14	61	
Spiritual	79	16	14	60	
Physical	82	20	14	60	
Dependents					
With		83	18	14	62
Marital Status					
Single	77	33	8*	41	
With partner	83	20	14	62	
Separated, divorced, or widowed	79		11	23	69
Other					
Smoker	73	19	13	67	
Heavy drinker		76	26	11*	57
Live in Yukon > 5 yrs		82	21	14	61

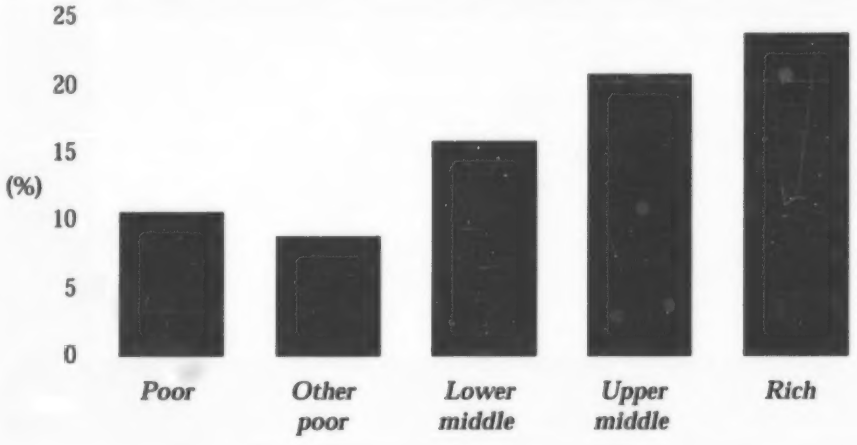
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

5.1.4 Mental and emotional health

MENTAL AND EMOTIONAL

Implicated with health is the requirement for the recognition of the mental and emotional state of the individual. One way of measuring this important link to health is through subjective scales. The Y.H.P.S., used the Bradburn scale, a scale designed to indicate psychological well-being in the general population unlike other scale that are designed for testing individuals. This scale is described as an indicator of relative happiness or emotional well-being. For purposes of the Y.H.P.S., the scale is presented as a simple five-point scale varying from positive to negative on an emotional well-being or happiness scale. The scale was used only to partition the population into five quintiles ranging from the lowest in terms of well-being to the highest — each quintile represents approximately 20% of the population (the quintiles are only approximately 20% because of grouping of responses along the Bradburn Scale).

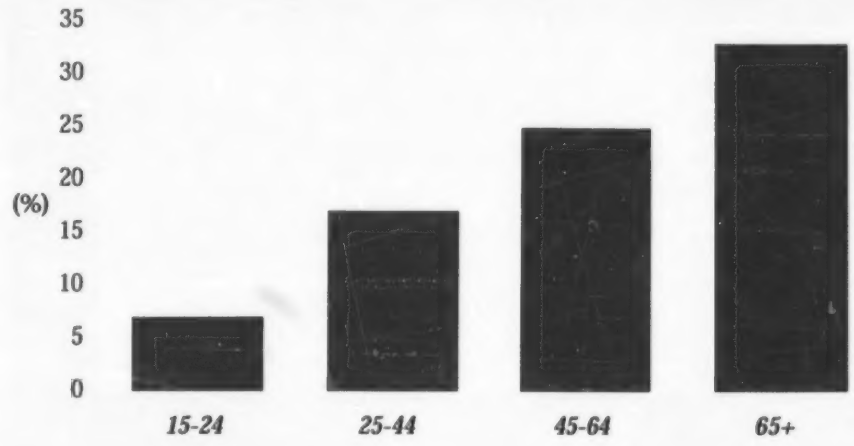
GRAPH #45
CALCULATED HIGHEST QUINTILE HAPPINESS/WELL-BEING INDEX
By Income - All Yukoners



What is the level of happiness or emotional well-being in the Yukon as measured by the Bradburn index? What are the characteristics of these people?

- The Bradburn scale is used to provide a relative ordering of the population by an accepted metric of happiness or well-being. Not surprisingly the population that had the highest representation in the highest quintile (the 20% of the population that was measured to be the happiest or had the highest mental well-being) was those respondents in the higher incomes.
- Twenty-four percent (24%) of those respondents 'rich' are in the highest quintile, while 12% of those 'poor' and 9% of the 'other poor' are represented in this category.
- Self-rated health is also strongly related to the placement in the highest and lowest quintile. Thirty-two percent (32%) of those respondents with 'excellent' health are in the top quintile while a small number (non reportable because of the number in cell) fell in the 'poor' health category. Similarly, 66% of those respondents with 'poor' health are found in the lowest category of happy/well-being.

GRAPH #46
CALCULATED HIGHEST QUINTILE OF HAPPINESS/WELL-BEING INDEX
By Age - All Yukoners



- Representation of high level of happiness/well-being increases with age. Only seven percent (7%) of those 15-24 were in the highest quintile while 33% of those aged 65 years and older are in this highest quintile. The gradient is constant through the age groups.

Table #75:
Bradburn scale by gender

Bradburn scale	Female	Male
Positive		
highest (5th quintile)	19	17
-	18	19
mid (3rd quintile)	25	21
-	19	24
lowest (1st quintile)	19	20
Negative		

Note: as a result of weighting some quintiles were not exactly 20%

Table #76:
Bradburn scale by age groups

Bradburn scale	15-24	25-44	45-64	65+
Positive				
highest (5th quintile)	7	17	25	33
-	20	17	22	13*
mid (3rd quintile)	20	26	19	13*
-	27	21	17	18*
lowest (1st quintile)	26	18	17	22*
Negative				

* qualified sampling variation, use with caution.

Table #77:
Bradburn scale by income adequacy

Bradburn scale	Poor	Other poor	Lower middle	Upper middle	Rich
Positive					
highest (5th quintile)	12*	9*	16	21	24
-	#	22	21	17	21
mid (3rd quintile)	23	18	22	26	21
-	35	24	22	18	18
lowest (1st quintile)	25	27	18	19	16
Negative					

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #78: Bradburn scale by self-rated health

Bradburn scale	Excellent	Very good	Good	Fair	Poor
Positive					
highest (5th quintile)	32	18	9	10*	#
-	26	20	13	13*	#
mid (3rd quintile)	19	27	24	17	18*
-	13	17	32	32	#
lowest (1st quintile)	10	18	22	27	66
Negative					

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #79: Bradburn scale by stress levels

Bradburn scale	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
Positive				
highest (5th quintile)	5*	14	23	35
-	14	15	23	26
mid (3rd quintile)	15	25	23	21
-	30	25	18	9*
lowest (1st quintile)	36	21	12	10*
Negative				

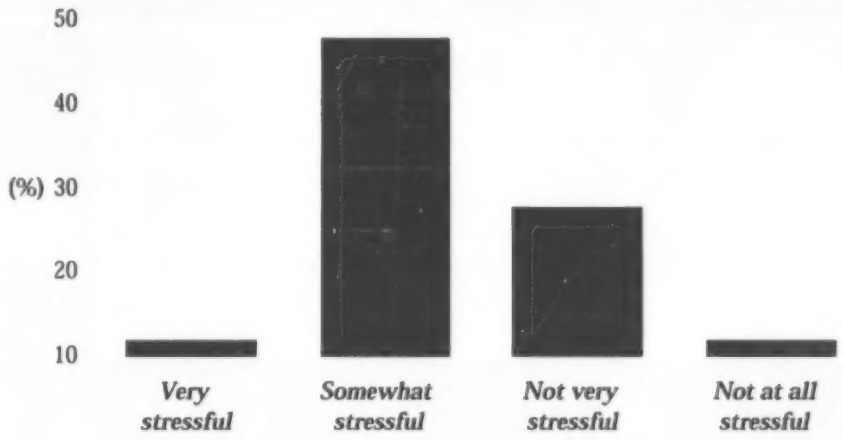
* qualified sampling variation, use with caution.

STRESS

Stress may be beneficial in moderate quantities, but it has been linked to a wide range of negative physical, social, and emotional health issues. Stress is described as a pervasive condition of pressure or tensions that may be a result of economic, behavioural, biological, or environmental stressors. Excess stress has been associated with obesity, illness, absenteeism, accidents, violence, fatigue, psychological conditions, and behavioural disorders.

Stress has consequences both for the health care system as well as for the socio-economic environment. The costs of stress to business and to government have legitimized this health issue as a growth industry. Evidence suggests that certain populations are more susceptible to stress than others. These groups include the elderly, adolescents, the unemployed, workers in certain occupations, and those in certain life circumstances. Data on levels of stress were gathered in response to a question of how stressful was the respondent's life. In addition to this simple measurement, the sources of stress were requested for those individuals whose life was reported as 'very' or 'somewhat' stressful.

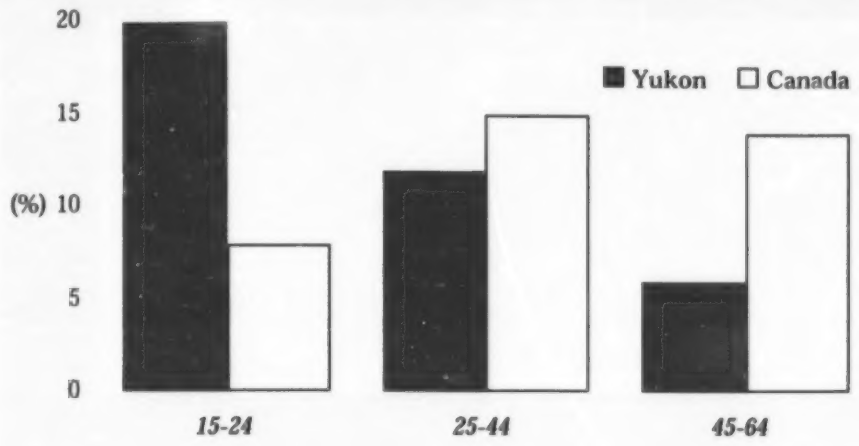
GRAPH #47
REPORTED LEVELS OF STRESS IN LIVES OF INDIVIDUALS
By Degree of Stress - All Yukoners



What levels of stress do people experience?

- Overall, 12% of Yukoners indicate that their lives are 'very stressful' while 48% state that their lives are 'somewhat stressful'.
- Twenty-eight percent (28%) suggest that their lives are 'not very stressful' and 12% report that their life is 'not at all stressful'.
- These figures are identical to those expressed by all other Canadians in the national survey, but vary among different age groups.

GRAPH #48
REPORTED VERY HIGH LEVELS OF STRESS IN LIVES OF INDIVIDUALS
By Age - All Yukoners



Who experiences stress? what are their characteristics?

- There were very little gender differences - 61% of females see their lives as 'very' or 'somewhat stressful', while 59% of males report similar levels.
- In southern Canada the ages of 25-44 years report the most stressful lives (15% state 'very stressful'). In the Yukon it is the 15-24 year old group who report the highest stress levels (20%).
- When 'very' and 'somewhat stressful' are added, Yukon stress levels by age are similar to Southern Canada. Sixty-eight (68%) of those respondents 25-44 years report 'very' or 'somewhat stressful' lives, compared to 57% at ages 15-24 years, 50% at ages 45-64 years and 30% for those aged 65 years or over.

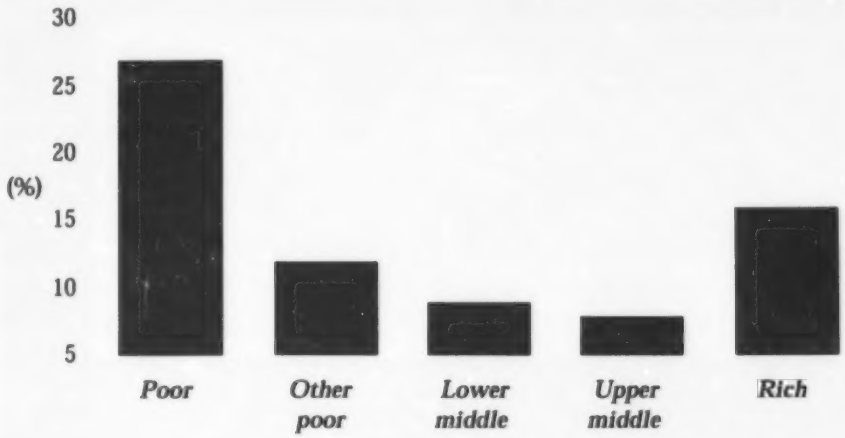
Table #80: Stress by gender

		Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
ALL	Yukon	12	48	28	12
	Canada	12	48	28	12
FEMALE	Yukon	11	50	29	10
	Canada	12	48	29	11
MALE	Yukon	12	47	28	13
	Canada	13	48	27	12

Table #81: Stress by age groups

		Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
15-24	Yukon	20	37	29	14
	Canada	8	49	33	10
25-44	Yukon	12	56	26	6
	Canada	15	57	22	6
45-64	Yukon	6	44	34	15
	Canada	14	45	29	13
65+	Yukon	#	25	22*	48
	Canada	7	25	38	30

GRAPH #49
VERY HIGH LEVELS OF STRESS REPORTED IN LIVES OF INDIVIDUALS



What other factors affect the levels of stress for Yukoners?

- Stress appears to be related to income adequacy. Highest levels of stress are seen at both ends of the income distribution. Twenty-seven percent (27%) of those respondents classified as 'poor' report very high levels of stress, while those 'rich' respondents indicate that 16% have 'very stressful' lives.
- Lowest incidence of very high stressful lives are seen in the income groups in the centre.
- Highest incidence of 'not very' or 'not at all' stressful lives is found among those respondents with the lowest education (25% and 29% respectively).

Table #82: Stress by income adequacy

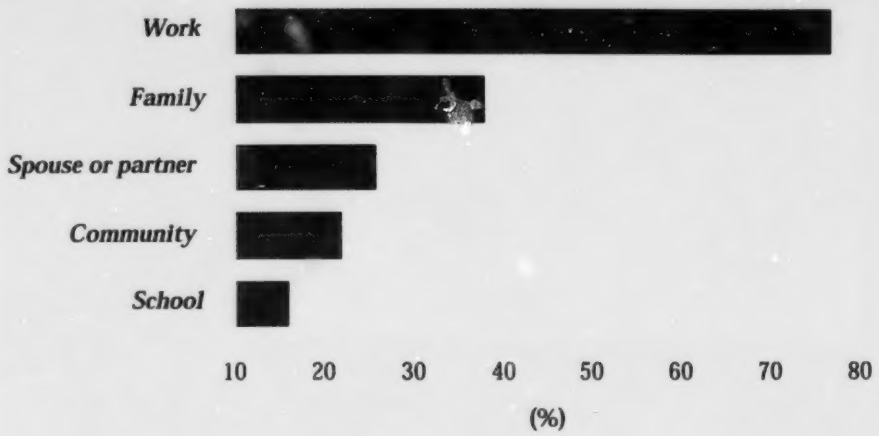
	Poor	Other poor	Lower middle	Upper middle	Rich
Describe life as					
very stressful	27	12	9	8	16
somewhat stressful	29	44	47	53	52
not very stressful	31	28	28	30	24
not at all stressful	13	14	16	9	8

Table #83: Stress by education

	Elementary or less	Secondary	Post secondary
Describe life as			
very stressful	15*	12	12
somewhat stressful	28	45	54
not very stressful	25	28	29
not at all stressful	29	15	5

* qualified sampling variation, use with caution.

GRAPH #50
SOURCES OF STRESS IN INDIVIDUALS' LIVES
By Source - All Yukoners with very or somewhat stressful lives



What are the sources of stress for Yukoners whose life is very or somewhat stressful?

- By far the highest reported source of stress is work. This source is reported 77% of the time by those Yukoners who indicate that their lives were either 'very' or 'somewhat stressful'.
- Work is the greatest source of stress over gender, age, and income. Work as a source of stress increases dramatically over the income categories reaching a value of 89% for those respondents classified as 'rich'.
- The second most often reported source of stress is the family and represents the source of stress for 38% of Yukoners. This is highest for those respondents aged 15-24 years (47%), for women (44%), and for the poor (59%).
- The next highest source of stress is one's spouse or partner. Twenty-six percent (26%) reporting indicate that a spouse or partner is the source of stress. This is higher for women (28% versus 23% for men).
- Other reported sources of stress includes the community (22%), school (16%), and friends (14%).

Table #84: Source of stress by gender

Source of stress	All	Female	Male
spouse or partner	26	28	23
family	38	44	32
community	22	23	21
friends	14	14	15
work	77	75	80
school	16	16	15

Table #85: Source of stress by age groups

Source of stress	15-24	25-44	45-64	65+
spouse or partner	21	28	23	#
family	47	39	27	#
friends	18	14	11	#
community	30	21	18	#
work	74	79	79	53*
school	26	15	10*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #86: Source of stress by income adequacy

Source of stress	Poor	Other poor	Lower middle	Upper middle	Rich
spouse or partner	26*	37	23	28	21
family	59	36	42	37	28
friends	26*	22	18	12	7*
community	31	21	26	18	20
work	65	52	70	86	89
school	30*	23	15	12	15

* qualified sampling variation, use with caution.

SECTION PROFILE #6

	Stressful life *(very, somewhat)* % of pop	Work source of stress *(very, somewhat)* % of pop	Family source of stress *(very, somewhat)* % of pop
Yukon			
All	60	77	38
Age			
15-24	57	74	47
25-44	68	79	39
45-64	50	79	27
65+	30	53*	#
Sex			
Male	59	80	32
Female	61	75	44
Location			
Whitehorse	61	82	37
Other	58	68	40
Income Adequacy			
Poor	56	57	45
Middle	59	79	39
Rich	68	89	28
Employment			
Employed	65	89	36
Unemployed	54	55	40
Education			
Secondary or less	55	68	41
Post secondary	66	86	36
Qualitative			
Emotional	62	80	39
Social	60	78	41
Spiritual	59	74	41
Physical	59	79	38
Dependents			
With	67	73	49
Marital Status			
Single	56	77	35
With partner	62	80	39
Separated, divorced, or widowed	59	70	42
Other			
Smoker	64	73	40
Heavy drinker	66	68	47
Live in Yukon > 5 yrs	58	75	38

\# data suppressed due to high sampling variability.

5.1.5 Social health

The idea that social support has a generally positive effect on well-being is intuitive, but the mechanism remains uncertain. Social support may have a direct effect on the maintenance or improvement of health. Social relationships, or the relative lack of them, constitute a major risk factor for health—rivaling the effects of well-established health risk factors such as cigarette smoking, high blood pressure, blood lipids, obesity, and lack of physical activity. The link between the social environment and health comes from an interpretation that social relationships provide a supportive function that includes their capacity to buffer or moderate the stress of other health hazards. Social interaction includes the provision of emotional support, goods or services, knowledge, and information relevant to the evaluation of alternatives for health. An example of a social environment that illustrates the link to health is marriage. Unmarried people (single, separated, widowed, or divorced) experience higher mortality rates than married people.

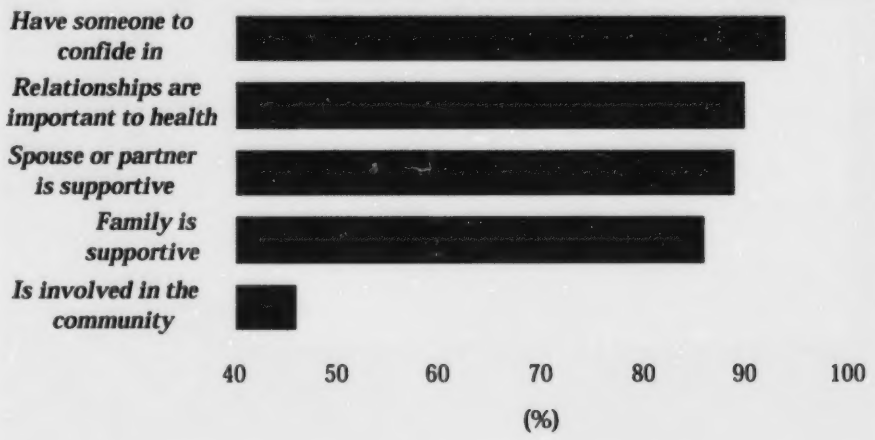
Social environments assist health through coping mechanisms. These include such personal resources as self-esteem, anger styles, locus of control, and the interpersonal resources of family, friends, or co-workers. Health-related social networks are exhibited in health phenomena of mutual aid and self-care groups. These social groups fulfill a significant health role by linking the individual to a relevant social environment for the purposes of care-giving. Mutual aid is related to social support through sharing of experiences and information. Self-care represents the decisions and actions initiated and controlled by the individual, their families, and social peers. Whether as an organized health function or an embodiment of social interaction, social systems must be recognized in the quantity and quality of interaction for the individual.

SOCIAL RELATIONSHIPS

There has been a long noted association between social relationships and health. The more socially isolated or less socially integrated individuals are, the less healthy they appear. Social networks are the web of social views that surround an individual. The most compelling evidence of the causal significance of social relationships is that the quantity and quality of individual's social relationships are both part of the understanding. Persons in social networks assist and support each other during difficult times, whether physical, emotional, psychological or spiritual. Social relationships reduce stress and have been shown to reduce health problems. Social networks seem related to disease states in an extraordinarily non-specific way.

Despite the complexity of this area of research, the Y.H.P.S. sought responses to a battery of questions that explored social relationships and the respondents' evaluation of the support network that surrounded their lives.

GRAPH #51
INDICATORS OF SOCIAL HEALTH IN YUKON
By Indicator - All Yukoners



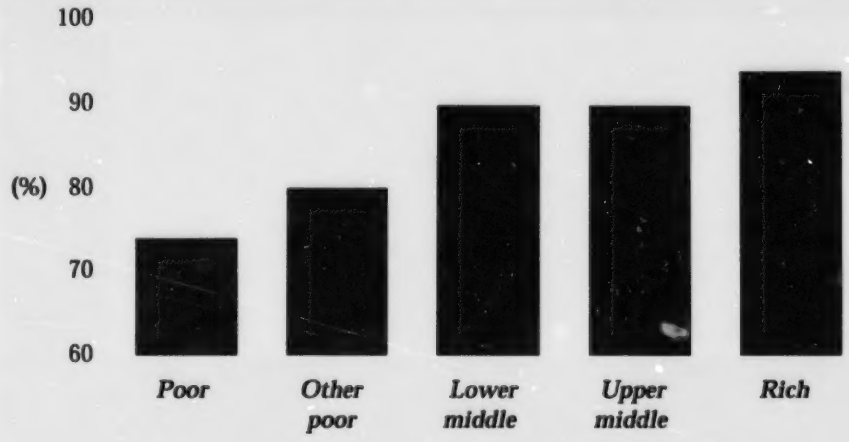
How important are social relationships to Yukoners and their health?

- As indicated in the qualitative research, social relationships are overwhelmingly linked to health. Ninety-two percent (92%) of Yukoners state that their relationships are important to their health. This high level is seen across age, income, and gender. It does lessen with age from a high of 92% for those aged 15-44 years to a low 78% for those aged 65 years and over.
- Ninety-four percent (94%) of Yukoners have someone to confide in. This is higher for women (97% versus 92% for men).

Table #87: Social relationships by gender

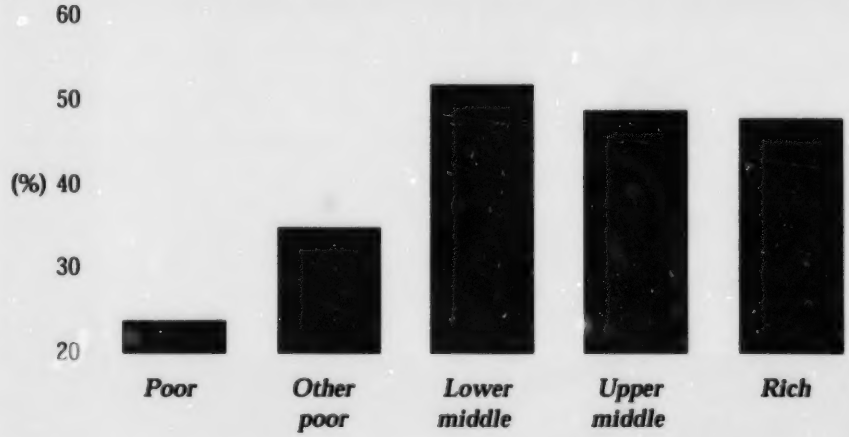
Yukoners who(se)	All	Female	Male
relationships are important to health	90	91	89
have someone to confide in	94	97	92
spouse or partner is supportive	89	87	91
family is supportive	86	87	86
regularly involved in community activities	46	48	44

GRAPH #52
POPULATION WITH SUPPORTIVE SPOUSES OR PARTNERS
By Income - All Yukoners



- High levels of spouse or partner support are exhibited. The lowest level of spousal support is linked to the 'poor' income adequacy grouping (74%) in comparison to that of the 'rich' grouping (94%).

GRAPH #53
REPORTED INVOLVEMENT IN THE COMMUNITY
By Income - All Yukoners



Who are these people and what are their characteristics?

- Forty-six percent (46%) of Yukoners report being involved regularly in community activities. A larger proportion of these Yukoners were females (48%), although the difference between men (44%) and women is small.
- Those respondents in the middle and upper income grouping report being the most involved in the community (52%, 49%, 48% for 'lower middle', 'upper middle', and 'rich' respectively) when compared to the 'poor' grouping (24%) and 'other poor' (35%).

Table #88: Social relationships by age groups

Yukoners who(se)	15-24	25-44	45-64	65+
relationships are important to health	92	92	85	78
have someone to confide in	96	95	91	96
spouse or partner is supportive	86	88	92	88
family is supportive	83	87	87	85
regularly involved in community	38	51	41	45

Table #89: Social relationships by income adequacy

Yukoners who(se)	Poor	Other poor	Lower middle	Upper middle	Rich
relationships important	91	78	88	94	92
have someone to confide in	88	94	92	96	96
spouse or partner supportive	74	80	90	90	94
family is supportive	76	79	86	88	94
regularly involved in community activities	24	35	52	49	48

Table #90: Social relationships by self-rated health

Yukoners who(se)	Excellent	Very good	Good	Fair	Poor
relationships are important to health	89	94	88	79	86
have someone to confide in	96	96	93	87	91
spouse or partner is supportive	88	91	90	77	87
family is supportive	91	88	85	77	93
regularly involved in community activities	50	53	41	27	27*

Table #91: Social relationships by stress levels

Yukoners who(se)	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
relationships are important to health	89	92	92	77
have someone to confide in	86	94	97	94
spouse or partner is supportive	74	88	94	73
family is supportive	75	89	88	86
regularly involved in community	35	49	50	36

Table #92: Social relationships by quality of life

Yukoners who(se)	Excellent	Very good	Good	Fair	Poor
relationships are important to health	94	91	88	79	87
have someone to confide in	97	99	91	78	94
spouse or partner is supportive	93	92	86	66	97*
family is supportive	89	90	86	63	68*
regularly involved in community activities	59	48	41	25	#

* qualified sampling variation, use with caution

\# data suppressed due to high variability.

MUTUAL SUPPORT

Mutual help is the oldest form of health care. The term refers to the decisions and actions initiated by the individual, his or her family, and social networks or friends. The goal of this form of care is the promotion and protection of health, the cure of minor illness, and the management of chronic conditions.

Mutual help has always been part of family life but new challenges put new demands upon this form of health. The aging population, prevalence of chronic disease, limitations to technological medicine, as well as the emergence of a strong consumerist approach to health in the population, all have contributed to self and mutual help situations.

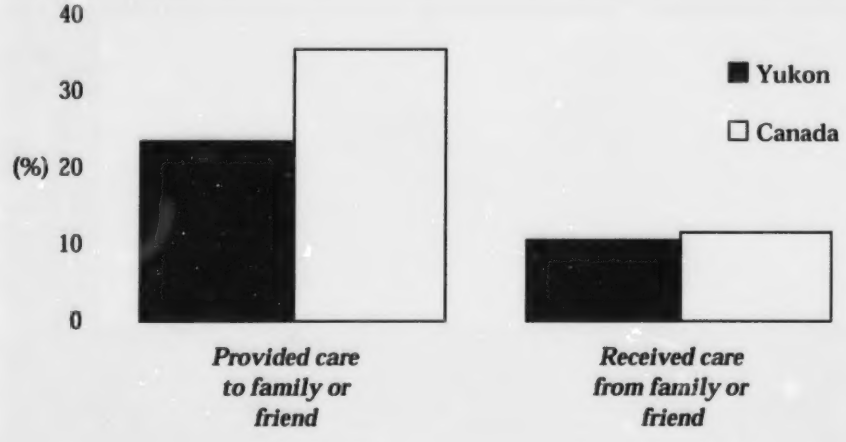
Both of these forms of support are addressed in the Y.H.P.S. through questions dealing with care to household members and care given to and received from family and friends outside the household unit.

Table #93: Provided care to and from relatives or friends by gender

in the last 30 days have you:		Provided care to family and friends	Provided care to household members	Received care from family and friends	Received care from household members
All	Yukon	24	20	11	9
	Canada	30	..	12	..
FEMALE	Yukon	26	22	14	11
	Canada	34	..	16	..
MALE	Yukon	22	18	8	7
	Canada	25	..	9	..

.. No comparable data available.

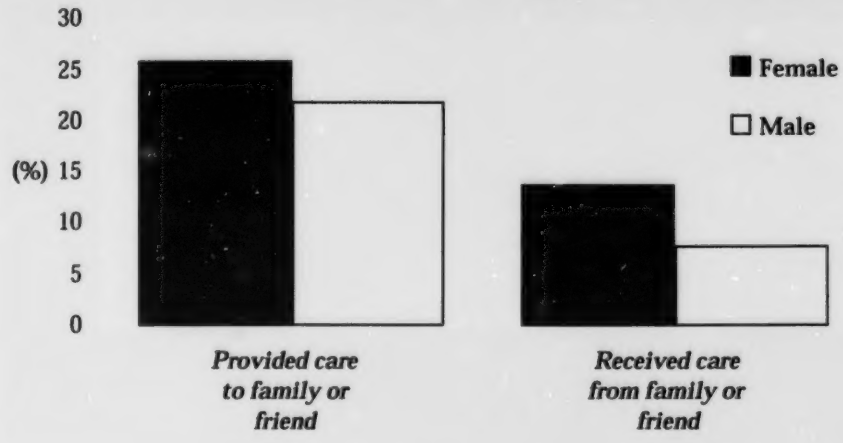
GRAPH #54 POPULATION GIVING AND RECEIVING CARE TO FRIENDS OR FAMILY By Type - Yukon and Canada



Who provides care for relatives and friends with health problems?

- Twenty-four percent (24%) of Yukoners report providing care to family and friends during the 30-day period preceding the survey. This result is lower than in the national survey which reported 30%.
- Although no national comparison exists 20%, of Yukoners provided care to household members during this time period.
- Eleven percent (11%) of Yukoners receive care from family and friend compared to 12% at the national level.
- Nine percent (9%) of Yukoners receive care from household members.

GRAPH #55
POPULATION GIVING AND RECEIVING CARE TO FRIENDS OR FAMILY
By Gender - All Yukoners



Who are the receivers of care? What are the characteristics of givers and receivers?

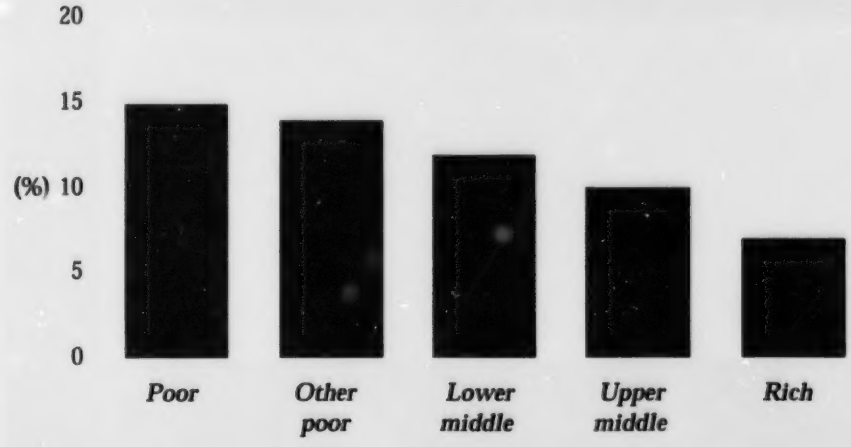
- Similarly to the national survey, more Yukon females give care to family and friends (26% versus 22% for men).
- This relationship is also true for providing care to other household members (22% for women, 18% for men).
- On the other hand, almost twice as many women are the receivers of this care. Fourteen percent (14%) of females receive care from family or friends versus 8% of males receive care.
- The highest percentage of providing care to friends and family was in the 15-24 years age group (30%).

Table #94:
Provided care to and from relatives or friends by age groups

	15-24	25-44	45-64	65+
Provided care to				
friends, family	30	24	23	14*
household members	20	24	11	#
Received care from				
friends, family	12	11	8	15*
household members	9	10	5*	12*

* qualified sampling variation, use with caution.

GRAPH #56
POPULATION RECEIVING CARE FROM FRIENDS OR FAMILY
By Income - All Yukoners



How is care giving and care receiving related to other factors?

- There is a consistent gradient of receiving care across the income categories. Those respondents classified in the 'poor' group report the highest incidence of receipt of care (15%). In addition, they also have the highest incidence of giving care (30%).
- Conversely, those respondents classified as 'rich' report the least receipt of care (7%).
- Those respondents who are physically limited in some way receive care from family and friends at a higher percentage than those who are not limited (24% versus 9% for those not limited).

Table #95: Care to and from relatives or friends by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Provided care to					
friends, family	29	25	24	24	25
household members	22	16	19	21	19
Received care from					
friends, family	15*	14	12	10	7*
household members	10*	8*	7	12	7*

* qualified sampling variation, use with caution.

Table #96: Care to and from relatives or friends by activity limitations

	Not limited	Some limitation	Limited at home	Limited at work and school	Other activities
Provided care to					
friends, family	25	22	15*	26	23
household members	19	22	19	24	24
Received care from					
friends, family	9	24	28	26	24
household members	7	19	19	20*	19

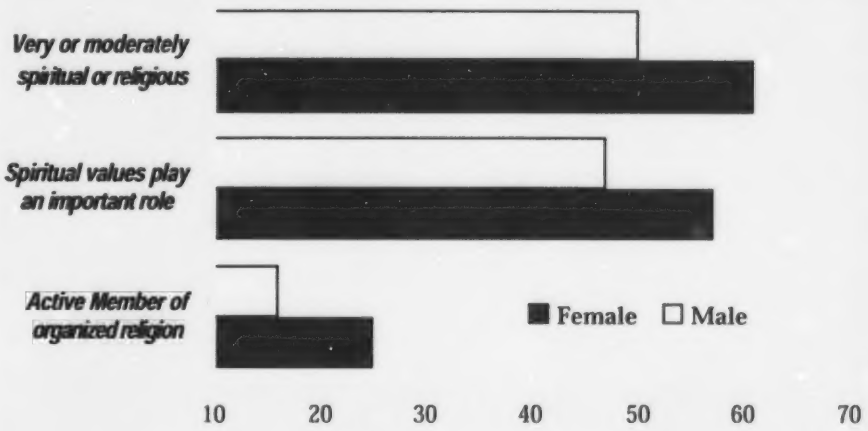
	Bradburn Scale *(4th and 5th quintile)* % of pop	Relationships and health *important to* % of pop	Cared *for relative/friend* % of pop	Received care *by relative/friend* % of pop
Yukon				
All	37	90	24	11
Age				
15-24	27	92	30	12
25-44	35	92	24	11
45-64	47	85	23	8
65+	47	78	14	15
Sex				
Male	36	89	22	8
Female	37	91	26	14
Location				
Whitehorse	39	92	24	11
Other	31	85	25	12
Income Adequacy				
Poor	25	83	26	14
Middle	37	91	24	11
Rich	45	92	25	7*
Employment				
Employed	39	92	25	10
Unemployed	31	86	27	10
Education				
Secondary or less	32	87	27	10
Post secondary	42	94	22	12
Qualitative				
Emotional	39	92	24	12
Social	41	93	26	11
Spiritual	39	88	29	12
Physical	38	91	24	11
Dependents				
With	31	89	24	10
Marital Status				
Single	30	89	26	14
With partner	40	92	23	8
Separated, divorced, or widowed	36	85	26	16
Other				
Smoker	28	89	27	11
Heavy drinker	17	87	29	14
Live in Yukon > 5 yrs	39	89	24	10

5.1.6 Spiritual health

Little appears to be available that portrays the relationship between health and spirituality. The qualitative component of the research revealed that spirituality and religiosity were important components of health for many Yukoners. Although the spirituality section was limited in size, this link provides a beginning for evaluating the impact of this relationship.

The Y.H.P.S. included questions that assessed the degree of spirituality and religiosity as evaluated by the respondent. The survey also related spirituality and religiosity and their importance to health. Other questions throughout the questionnaire recognized aspects of this section.

GRAPH #57
INDICATORS OF SPIRITUALITY AND RELIGIOSITY
By Indicator and Gender - All Yukoners



How are spirituality and religiosity portrayed in Yukon? What are their characteristics?

- Fifty-five percent (55%) of Yukoners indicate that they are 'very' or 'moderately' spiritual or religious. Females (61%) exhibit higher levels than do males (50%), yet there are no clear differences observed over the age groups. The highest percentage is found in the ages 45-64 (65%) years and the lowest in the ages 25-44 years (50%).
- Spiritual values play an important role for 52% of Yukoners, and once again females' values are higher (57% versus 47% for males).
- Spiritual values play a more important role for those respondents in the older age groups, ranging from lows of 48% and 52% for 25-44 and 15-24 years olds to 61% and 57% for 45-62 and 65 years and older.
- Spiritual values are least important to those respondents who are 'rich' (45%) when compared to those classified as 'poor' (54%) and 'other poor' (64%).
- Twenty percent (20%) of Yukoners state that they are an active member of an organized religion. Once again, females are highest at 25% while 16% of males indicate that they were active.

Table #97:
Spirituality and religiosity by gender

Yukoners who(se)	All	Female	Male
are very or moderately spiritual	55	61	50
spiritual values play an important role	52	57	47
active members of organized religion	20	25	16

	15-24	25-44	45-64	65+

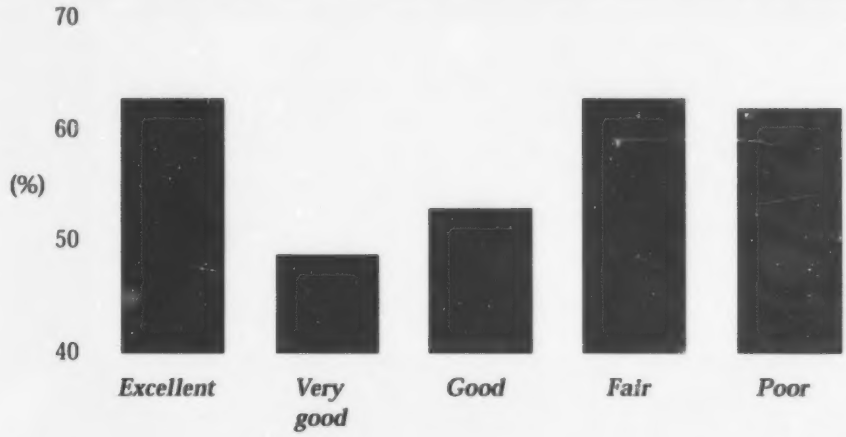
Table #98: Spirituality and religiosity by age groups

Yukoners who(se)				
are very or moderately spiritual or religious	57	50	65	57
spiritual values play an important role	52	48	61	57
are active members of organized religion	22	16	24	40

Table #99: Spirituality and religiosity by income adequacy

Yukoners who(se)	Poor	Other poor	Lower middle	Upper middle	Rich
are very or moderately spiritual or religious	57	65	55	54	52
spiritual values play an important role	54	64	53	50	45
are active members of organized religion	12*	28	20	20	19

GRAPH #58
POPULATION VERY OR MODERATELY SPIRITUAL
By Self-rated Health - All Yukoners



How are these related to health factors?

- Spiritual and religious values appear to be associated to health in a bi-polar fashion.
- Highest values of spirituality and religiosity are found in those respondents with either 'excellent' health or those at the other end of the health continuum — 63% for those with 'fair' health and 62% for those with 'poor' health.
- This relationship is also seen to some degree when spirituality and religiosity is related to levels of stress and to overall quality of life. All of these associations exhibit the same higher percentages at the ends of the scales (i.e. high values at 'very stressful' and' not at all stressful' or for 'excellent' and 'poor' quality of life.
- The relationship of being an active member of an organized religion exhibits little variation across self-rated health, stress, or quality of life.

Table #100: Spirituality and religiosity by self-rated health

Yukoners who(se)	Excellent	Very good	Good	Fair	Poor
are very or moderately spiritual or religious	63	49	53	63	62
spiritual values play an important role	58	49	52	56	30
are active members of organized religion	26	19	15	26	15*

* qualified sampling variation, use with caution.

Table #101: Spirituality and religiosity by stress levels

Yukoners who(se)	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
are very or moderately spiritual or religious	60	53	55	58
spiritual values play an important role	58	49	50	60
are active members of organized religion	21	20	22	18

Table #102: Spirituality and religiosity by quality of life

Yukoners who(se)	Excellent	Very good	Good	Fair	Poor
are very or moderately spiritual or religious	60	54	52	56	56
spiritual values play an important role	54	52	52	50	19
are active members of organized religion	25	17	21	22	#

\# data suppressed due to high sampling variability.

	Spiritual or religious *(very, moderately)* % of pop	Spiritual value important *(very, moderately)* % of pop	Active member of organized religion % of pop
Yukon			
All	55	52	20
Age			
15-24	57	52	22
25-44	50	48	16
45-64	65	61	24
65+	57	57	40
Sex			
Male	50	47	16
Female	61	57	25
Location			
Whitehorse	54	51	21
Other	58	54	20
Income Adequacy			
Poor	62	60	22
Middle	54	51	20
Rich	52	45	19
Employment			
Employed	54	51	20
Unemployed	56	48	18
Education			
Secondary or less	55	51	19
Post secondary	57	53	22
Qualitative			
Emotional	59	56	21
Social	59	57	21
Spiritual	79	78	34
Physical	56	53	21
Dependents			
With	54	51	22
Marital Status			
Single	45	45	19
With partner	57	53	20
Separated, divorced, or widowed	64	59	24
Other			
Smoker	45	45	14
Heavy drinker	42	42	10
Live in Yukon > 5 yrs	56	52	21

5.1.7 Life-style issues: an introduction

Some of the following topics are related to life-styles and reflect a collection of behavioural activities related to health promotion. Life-styles have had the largest and most unambiguous measurable effect on health. Diet, exercise, use of tobacco, alcohol, tea, coffee, and practices such as non-use of automobile seat belts are generally classified as aspects of life-style that clearly have a relationship to health, disease, injury, or premature mortality.

Individual choices in matters of health behaviour constitute life-styles. Heart disease, the number one cause of death, is linked to serum cholesterol associated with life-styles that include the consumption of diets rich in saturated fat and cholesterol, and from stress-related high blood pressures resulting from cigarette smoking and the lack of physical exercise. Cancer, the second major cause of death, is often related to life-styles with exposure to physical and chemical carcinogens such as radiation, tobacco, and alcohol. The list of major causes of disease and death strongly implicates life-style activities to diet, accidents, cigarette smoking, and excessive alcohol consumption. From a socio-ecological perspective, life-styles are a product of the physical, economic, and social environments to which the individual responds. On the other hand, the obvious and extremely convincing association between life-styles and mortality and morbidity has been appealing to many health promotion strategies that focus on the individual.

Critics of the socio-ecological approach suggest this strong connection between the life-styles of people and epidemiological and medical research cannot be ignored because it is the individual who has control and is responsible for a large proportion of death and disability. These critics would argue that life-styles are undeniably under at least some control of the individual. At the extreme, life-style theories approach disease as though ill-health were the result of personal failure. They diminish the relationship between health and the environment and discount the link between individual behaviour and social norms, expectations, and rewards. Ryan (1971) coined the phrase 'victim blaming' to respond to the potential for misplaced responsibility for social causes of individual misfortune. To focus exclusively on one or the other approach to health is either to 'blame the victim' or to ignore the 'free will' and individual control of humans.

SEXUALLY TRANSMITTED DISEASES

5.1.8 Health risks and barriers

Sexually transmitted diseases (STDs) are infections grouped together because they are spread by transfer of infectious organisms from person to person during sexual contact. STDs inflict suffering and impact the health care delivery system. The consequences of these diseases include death, sterility, fetal and infant deaths, birth defects and retardation, and cervical cancer. The causes of these diseases are generally preventable and are rooted in apathy or ignorance.

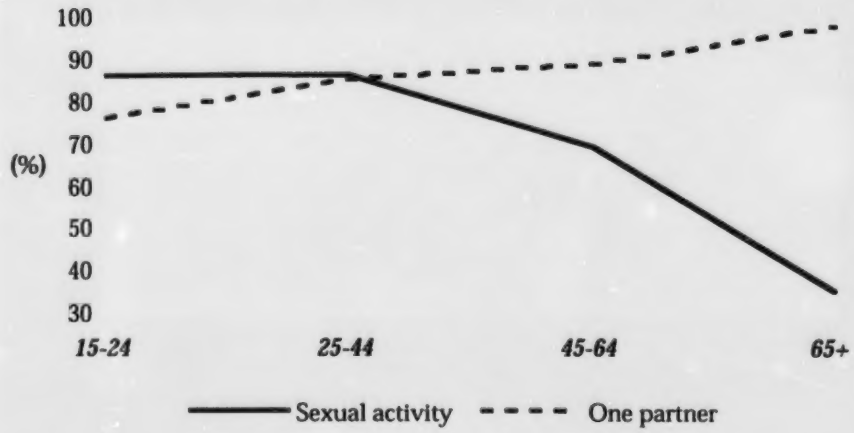
The Y.H.P.S. addressed this area of concern by providing a minimal portrait of the basic sexual activities of Yukoners. This portrait includes sexual activity, the incidence and extent of multiple partners, and the use of such protective devices as condoms. Knowledge and change in behaviour as a result of knowledge was also linked.

GRAPH #59
NUMBER OF SEXUAL PARTNERS IN PAST 12 MONTHS
By Number of Partners - Population sexually active

What is the population at risk of STDs?

- Eighty-one percent (81%) of Yukoners indicated being sexually active during the 12 months preceding the survey.
- Of particular interest as a health risk, 85% of sexually active Yukoners have one partner while 8% report two and 7% state that they have had 3 or more sexual partners during the 12 months preceding the survey.
- Eighteen percent (18%) report that they used condoms 'always' or 'most of the time', while 82% indicate their use of condoms as 'sometimes' or 'never' with their current or most recent sexual partner.

GRAPH #60
POPULATION SEXUALLY ACTIVE WITH ONE PARTNER
By Age - All Yukoners



How are basic sexual activities related to the characteristics of Yukoners?

- Eighty-three percent (83%) of males are sexually active compared to 78% of females. Sexual activity is highest in the ages 15 to 44 years (87%) dropping to 70% at 45-64 years and to 36% for those 65 years and older.
- Single partner relationships increase with age from 77% in the age groups 15-24 years to 99% for those aged 65 years and older.
- Multiple partners, as a health risk, are highest for males (18% versus 11% for females) and for the younger age groups. In the age group 15-24 years, 22% of the population have more than one partner dropping to a small value for 65 years and older (numbers too small to report accurately).
- Multiple partners are also highest for those respondents who report drinking alcohol heavily and frequently (37%).

Table #103: Sexual activity by gender

Those in the last 12 months	All	Female	Male
sexually active	81	78	83
sexual partners			
one	85	89	82
two	8	7	8
three or more	7	4	10
use condoms			
always/most of the time	18	12	23
sometimes/never	82	88	76

Table #104: Sexual activity by age groups

Those in the last 12 months	15-24	25-44	45-64	65+
sexually active	87	87	70	36
sexual partners				
one	77	86	90	99
two	9	8	5*	#
three or more	13	6	5*	#
use condoms				
always/most of the time	34	16	9*	1
sometimes/never	66	84	91	99

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #105: Sexual activity by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Those in the last 12 months					
sexually active	62	68	78	87	87
sexual partners					
one	79	80	82	89	87
two	13*	9*	10	7	4*
three or more	#	10*	8	5	8
use condoms					
always/most of time	43	28	17	16	10
sometimes/never	57	72	81	84	90

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #106: Sexual activity by education

	Elementary or less	Secondary	Post secondary
Those in the last 12 months			
sexually active	46	79	88
sexual partners			
one	94	84	86
two	#	8	8
three or more	#	8	6
use condoms			
always/most of the time	#	20	15
sometimes/never	89	79	84

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #107: Sexual activity by alcohol use

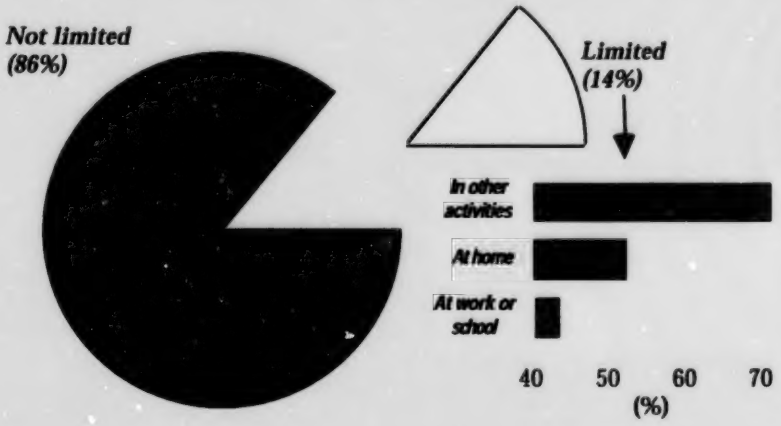
	Abstainers	Light infrequent	Light frequent	Heavy infrequent	Heavy frequent
Those in the last 12 months					
sexually active	55	78	89	80	87
sexual partners					
one	94	91	84	76	63
two	#	#	9	12*	12*
three or more	6	2*	7	12*	25
use condoms					
always/most of time	#	17	14	24	35
sometimes/never	88	82	86	75	65

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

After mortality, the most burdensome consequence of illness is disablement. In addition, the social consequences of disability are often more difficult for the individual to manage than the limitations imposed by the physical environment or the impairment itself.

Standard screening questions for limitation were used to be consistent with other surveys on this topic. The focus of the Y.H.P.S. was to determine where the respondents activities were limited (home, work, or other) and how well they were able to cope with their limitations.

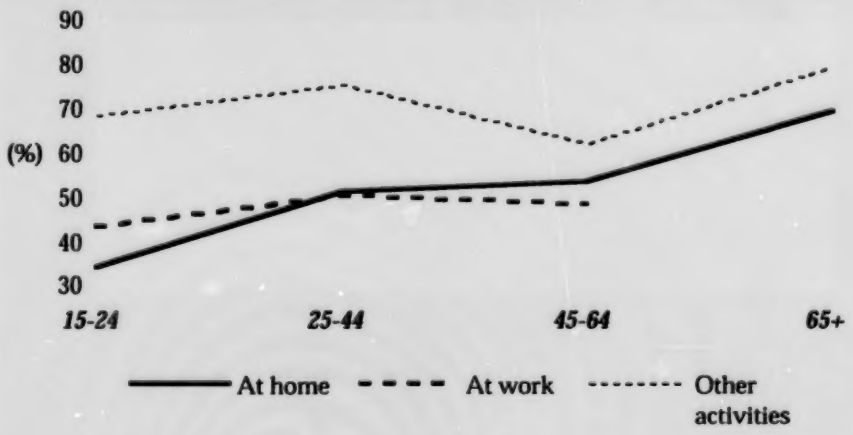
GRAPH #61
POPULATION WITH ACTIVITY LIMITATIONS
By Type of Limitation - All Yukoners



How many Yukoners are limited in their activities because of long term illness, physical condition or health problem?

- Fourteen percent (14%) of Yukoners report being limited in the kind or amount of activity they can do, while 86% of Yukoners are not limited.
- Fifty-two percent (52%) of those who report being limited are limited at home. Another 43% of those limited are limited in what they could do at work or school, and finally 71% of all those limited are so in other activities they wish to perform.

GRAPH #62
PLACES OF ACTIVITY LIMITATIONS
By Age - Population limited in activity



In what activities are these Yukoners limited? Who are these people and what are their population characteristics?

- The proportion of the population with some form of activity limitation increases with age. Eleven percent (11%) of those respondents 15-24 years report some form of activity limitation. This figure increases to 20% for those ages 45-64 years and then to 31% for those 65 years and over.
- Females report 15% overall limitation rate while males report a 12% rate.
- For those respondents who are limited in the activity, the proportion limited at home steadily increases from 35% at age 15-24 years through to 70% at age 65 years and over - a doubling with age.

Table #108: Activity limitation by gender

	All	Female	Male
Not limited	**86**	**85**	**88**
Some limitation	**14**	**15**	**12**
at home	52	45	61
at work or school	43	38	48
other activities	71	74	67

Table #109: Activity limitation by age groups

	15-24	25-44	45-64	65+
Not limited	**89**	**90**	**80**	**69**
Some limitation	**11***	**10**	**20**	**31**
at home	35*	52	54	70*
at work or school	44*	51	49	#
other activities	69	76	63	80

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #110: Activity limitation by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Not limited	**90**	**85**	**83**	**87**	**89**
Some limitation	**10**	**15**	**17**	**13**	**11**
at home	#	91	49	50	36*
at work or school	#	45*	46	41	40*
other activities	72*	88	58	75	78

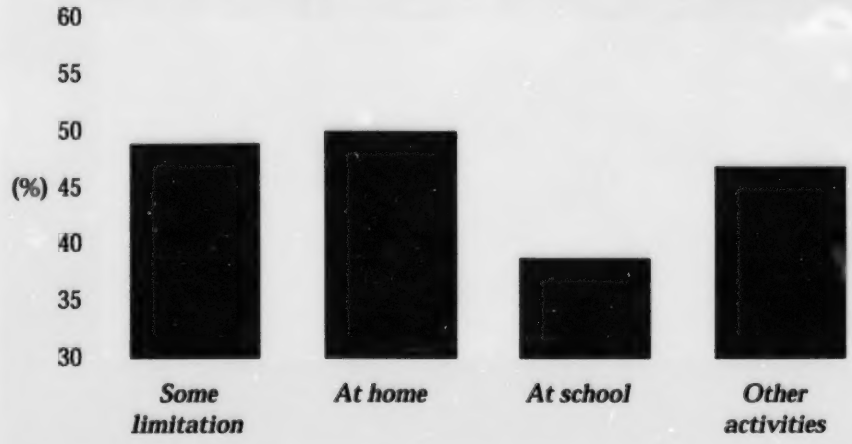
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #111: Activity limitation by education

	Elementary or less	Secondary or less	Post Secondary or less
Not limited	**69**	**87**	**88**
Some limitation	**31**	**13**	**12**
at home	71	55	42
at work or school	54*	41	42
other activities	73	67	75

* qualified sampling variation, use with caution.

GRAPH #63
POPULATION COPING WITH ACTIVITY LIMITATIONS
By Limitation Type - Population who have activity limitations



How well are Yukoners coping with their limitations?

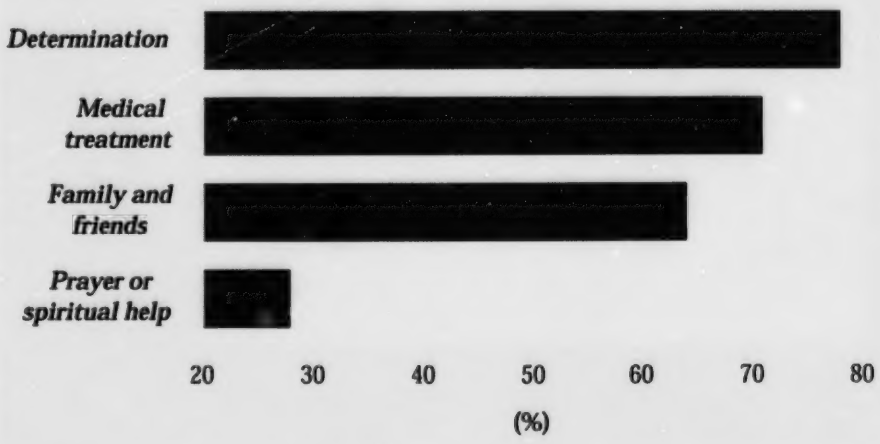
- Of those respondents with some form of activity limitation, 49% indicate that they are coping 'very successfully' while 40% state that they are coping 'somewhat successfully'.
- For those respondents who are limited at home, 50% state they are 'very successful' at coping. Thirty-nine percent (39%) of those with limitations at work or school report coping 'very successfully'.
- Finally for those respondents with other types of activity limitations, 47% are able to cope 'very successfully' and 36% 'somewhat successfully'.

Table #112:
Coping by activity limitations

	Some limitation	Limited at home	Limited at work/school	Other activities
Coping with limitation				
very successfully	49	50	39	47
somewhat successfully	40	37	45	38
not very successfully	10	9*	14*	13*
not at all successfully	#	#	#	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #64
SOURCES OF SUPPORT FOR COPING
By Types of Support - Population with activity limitation



What helps individuals to cope with a limitation?

- Overall, those respondents who report some form of activity limitation report that determination is the most important source of coping with their situation (78%). The next most important source of support is medical treatment. Sixty-four percent (64%) cite family and friends as important for coping, while 28% reference prayer or spiritual help.
- For coping at home and for work and school, medical treatment is number one (79% and 75%) followed by family and friends (76% and 72%).

Table #113: Coping support by activity limitations

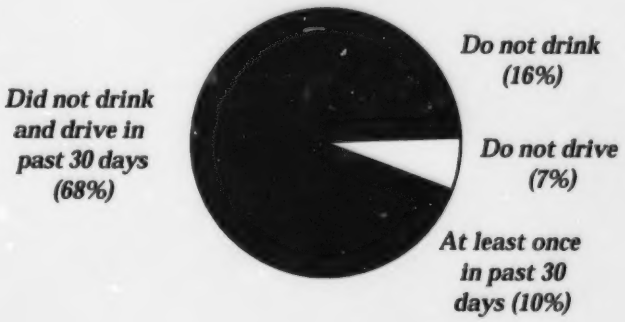
	Some limitation	Limited at home	Limited at work/school	Other activities
Very important to coping				
medical treatment	71	79	75	72
family or friends	64	76	72	67
determination	78	75	71	73
prayer or spiritual help	28	32	21	30

DRINKING AND DRIVING

One of the most risky behaviours for the perpetrator and for the innocent victim is drinking and driving. Whether in a car, truck, motorcycle, or boat, the consequences can be significant.

Although this topic was covered in the 1990 Yukon Alcohol and Drug Survey, the Y.H.P.S. included a broader set of questions that encompassed many forms of drinking and driving: cars, trucks, ATV, motorcycles, snowmobiles, and boats. The reference period for all questions was a 12-month period with an additional question referencing a 30-day period for cars and trucks. This inclusion provided greater comparability to other surveys.

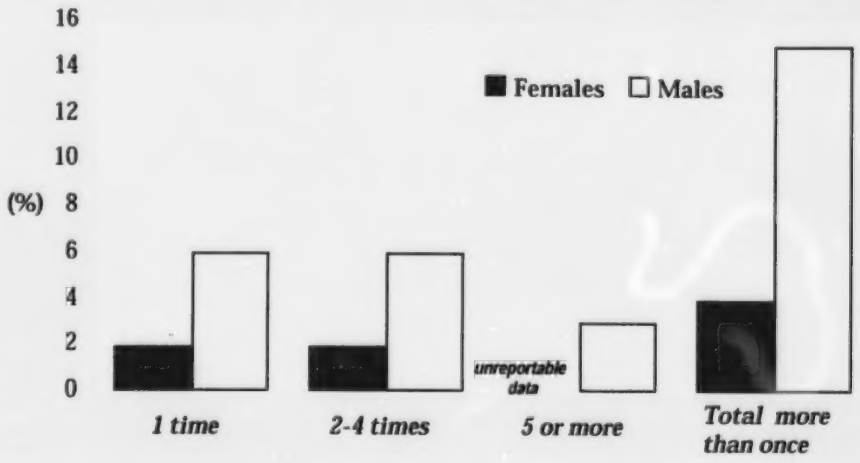
GRAPH #65
POPULATION DRINKING AND DRIVING IN PAST 30 DAYS
By Drinking and Driving Behaviour - All Yukoners



How many times in 30 days before the survey have people driven after drinking?

- One in ten Yukoners report driving after drinking two or more alcoholic drinks in the previous hour. Yukon figures are lower than those reported in the national survey. Comparisons are provided but should be used with caution as the national question refers to 'motor vehicle' and the Yukon survey asked for 'car or truck'.
- Four percent (4%) of all Yukoners report driving after drinking only once while another 4% report driving after drinking on 2-4 occasions in the past month. Two percent (2%) indicate that they drove after drinking on 5 or more occasions during the past 30 days.

GRAPH #66
NUMBER OF DRINKING AND DRIVING OCCASIONS IN PAST 30 DAYS
By Gender - All Yukoners drinking and driving in past 30 days



What are the characteristics of these people?

- Overall, males report more occasions of drinking and driving than females. Fifteen percent (15%) of males drove after drinking two or more drinks at least on one occasion during the past 30 days while 4% of females had.
- When expressed in terms of percentage of the driving population, 21% of all drivers report at least one occasion of drinking and driving in the past 30 days.
- The highest reported occasions are for the age group 25-44 years (24%), followed by the age group 15-24 years at 21%.
- Drinking and driving is also more frequently reported by those classified as 'rich' and those who are frequent drinkers (18% for light frequent and 26% for heavy frequent).

Table #114: Drinking and driving by gender

				Number of times in last 30 days				
		Do not drink	Do not drive	0	1	2-4	5+	Total 1+
ALL	Yukon	16	7	68	4	4	2	10
	Canada	19	6	56	6	8	4	19
FEMALE	Yukon	16	9	71	2*	2*	#	4
	Canada	23	9	59	4	3	1	8
MALE	Yukon	15	6	64	6	6	3	15
	Canada	15	3	53	9	14	7	29

NOTE: National data refers to 'motor vehicle', Y.H.P.S. refers to 'car or truck'
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #115: Drinking and driving by age groups

		Do not drink	Do not drive	Number of times in last 30 days: 0	1	2-4	5+	Total 1+
15-19	Yukon	13	11	68	#	#	#	#
	Canada	20	12	59	4*	3*	#	9
20-24	Yukon	12*	13	64	8*	#	#	#
	Canada	11	4*	61	7	11	5*	23
25-34	Yukon	12	5	73	6	4*	#	11
	Canada	13	3	58	9	11	5	25
35-44	Yukon	12	5	72	4*	4*	3*	11
	Canada	14	3	59	8	12	5	24
45-54	Yukon	24	#	63	4*	5*	#	10
	Canada	20	5	57	6	8	4	18
55-64	Yukon	29	8*	62	#	#	#	#
	Canada	24	8	55	5*	9	5*	22
65+	Yukon	24	29	44	#	#	#	#
	Canada	39	11	43	#	3*	2*	7

NOTE: National data refers to 'motor vehicle', Y.H.P.S. refers to 'car or truck'

* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

Table #116: Drinking and driving by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Do not drink	**17**	**20**	**17**	**14**	**14**
Do not drive	**22**	**14**	**9**	**3***	**#**
Drink while driving in past 30 days					
0	51	60	65	73	72
1+	10*	5*	8	11	12

* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

Table #117: Drinking and driving by education

	Elementary or less	Secondary	Post secondary
Do not drink	**39**	**17**	**10**
Do not drive	**19**	**10**	**3***
Drink while driving in past 30 days			
0	40	62	78
1+	#	10	10

* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

Table #118: Drinking and driving by alcohol use

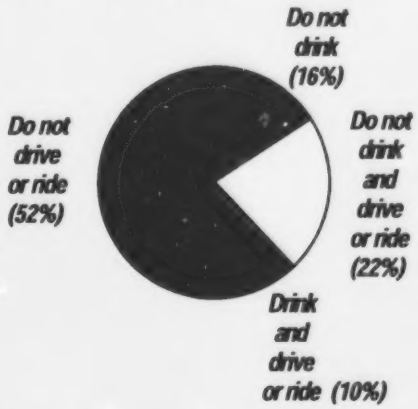
	Alcohol Use: Abstainers	Light infrequent	Light frequent	Heavy infrequent	Heavy frequent
Do not drink	**100**	**#**	**#**	**#**	**#**
Do not drive	**#**	**9**	**3***	**18**	**21**
Drink while driving in past 30 days					
0	#	87	79	77	53
1+	#	4	18	#	26

* qualified sampling variation, use with caution.

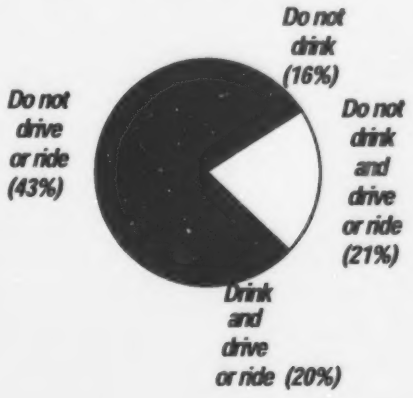
\# data suppressed due to high sampling variability.

GRAPH #67
DRINKING AND DRIVING OTHER VEHICLES IN PAST 12 MONTHS

ATV, motorcycles, snowmobiles



Motorboats, sailboats, canoes



What is the situation for drinking and driving other types of vehicles? Is drinking and boating an issue?

- Sixteen percent (16%) of Yukoners who are in motorboats, sail boats, or canoes ride in these vehicles after drinking more than two drinks. Expressed in terms of those who use these vehicles, the proportion becomes 56%, or over one out of every two persons.
- Ten percent (10%) of Yukoners drive a motorcycle, ATV, or snowmobile after having consumed at least two drinks. Note that when those who do not drive or ride these vehicles are netted out, the proportion of those who drive and drink becomes 38% or two out of five persons.

Table #119: Drinking and driving other vehicles by gender

	All	Female	Male
ATV, Motorcycle, Snowmobile			
do not drink	16	16	15
do not drive/ride	52	64	41
drink while driving	10	5*	12
Motor boat,Sail boat, Canoe			
do not drink	16	16	15
do not drive/ride	43	52	34
drink while riding	20	13	25

* qualified sampling variation, use with caution.

Table #120: Drinking and driving other vehicles by age groups

	15-24	25-44	45-64	65+
ATV, Motorcycle, Snowmobile				
do not drink	12	12	26	24
do not drive/ride	39	50	63	78
drink while driving	8*	10	11*	#
Motor boat,Sail boat, Canoe				
do not drink	12	12	26	24
do not drive/ride	47	39	45	60
drink while riding	26	21	15	#

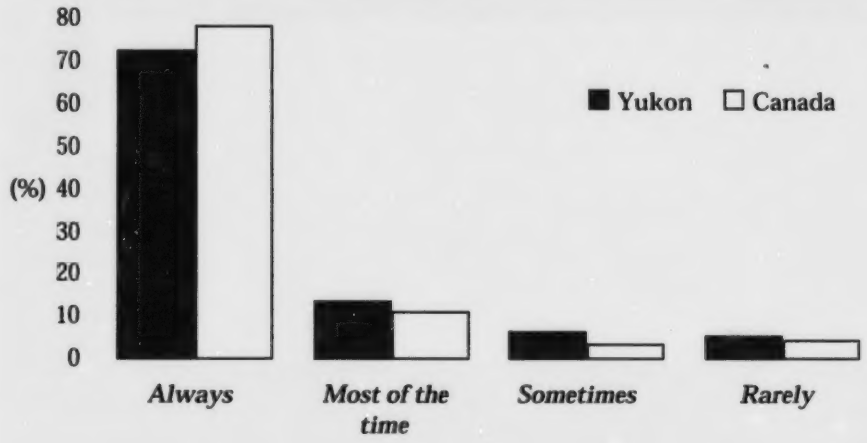
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SEAT BELTS, HELMETS, AND LIFE JACKETS

All three safety devices represent effective means of reducing fatalities and/or the severity of injury. Although in most situations these devices are required, their continued non-use represents a health promotion challenge.

The Y.H.P.S. included a battery of questions that defined the population at risk and measured the use of the seat belts, helmets (bicycle, ATV, motorcycle, snowmobiles), and life jackets. The use of seat belts by children and the practice of adults to ensure they are used by children was also featured in the questionnaire.

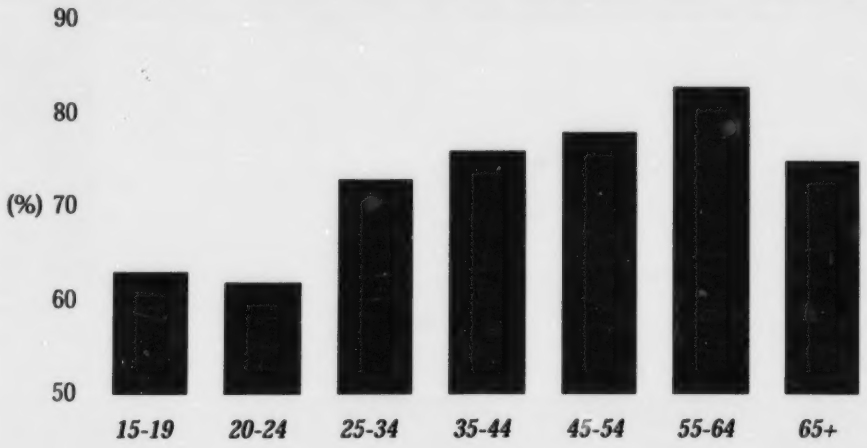
GRAPH #68
POPULATION USING SEAT BELTS IN CAR OR TRUCK
By Frequency - Yukon and Canada



How often do people use seat belts? How do Yukoners compare to other Canadians?

- Seventy-three percent (73%) of all Yukoners report 'always' using their seat belts. This compares with 79% of all Canadians.
- Fourteen percent (14%) of Yukoners wear their belts 'most of the time'. When combined with 'always' 87% of Yukoners use their belts 'always' or 'most of the time' compared to 91% of those in the rest of Canada.
- Six percent (6%) of Yukoners 'rarely' or 'never' use their seat belts.

GRAPH #69
POPULATION ALWAYS USING A SEAT BELT IN CAR OR TRUCK
By Age - All Yukoners



What are the basic characteristics of those who do and those who do not?

- Eighty-two percent (82%) of females 'always' use their seat belts while 66% of males do. This difference is consistent with the national results, although proportionately fewer Yukon males use their belts 'always'.
- The lowest rate of 'always' use is in the younger age groups. Sixty-three percent (63%) of 15-19 year olds report 'always' using their seat belts.
- This adherence rate steadily increases with age to a high of 83% 'always' for the age group 55-64 years. A decline is experienced for those respondents 65 years and over (75%).

Table #121: Use of seat belts by gender

		Always	Most of the time	Sometimes	Rarely or never
ALL	Yukon	73	14	7	6
	Canada	79	12	4	5
FEMALE	Yukon	82	10	5	4
	Canada	86	9	3	3
MALE	Yukon	66	18	8	8
	Canada	72	15	6	7

Note: Wording of the National survey referred to cars, Y.H.P.S. included trucks

Table #122: Use of seat belts by age groups

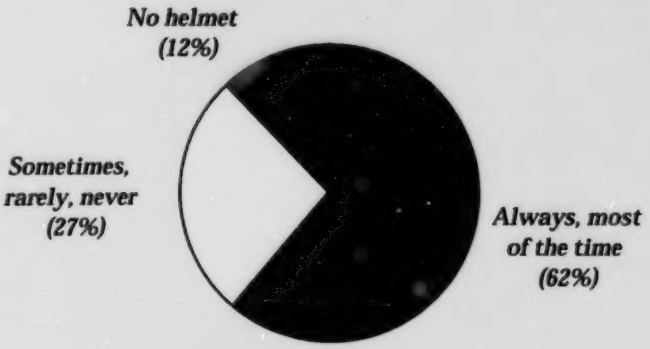
		Always	Most of the time	Sometimes	Rarely or never
15-19	Yukon	63	20	10*	7*
	Canada	68	17	8	8
20-24	Yukon	62	26	#	8*
	Canada	72	14	6	7
25-34	Yukon	73	14	7	5
	Canada	77	13	5	6
35-44	Yukon	76	12	6	7
	Canada	80	12	4	3
45-54	Yukon	78	10	7*	5*
	Canada	81	11	3	4*
55-64	Yukon	83	8*	7*	#
	Canada	82	9	4	5*
65+	Yukon	75	10*	#	10*
	Canada	86	7	3	4*

Note: Wording of the National survey referred to cars, Y.H.P.S. included trucks

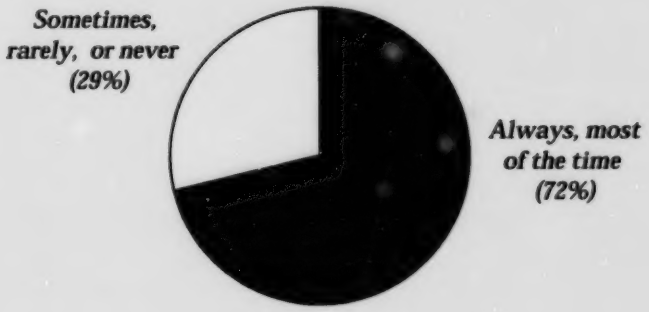
* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

GRAPH #70
POPULATION USING HELMETS ON OTHER VEHICLES
By Frequency - Population driving ATV's, motorcycles, or snowmobiles



GRAPH #71
POPULATION USING LIFE JACKETS IN BOATS
By Frequency - Population riding in boats



Do Yukoners use other protective devices in/on vehicles? Are these devices used more on motorcycles, ATVs and snowmobiles than in boats?

- Sixty-two percent (62%) of Yukoners who ride ATV, motorcycles, or snowmobiles use their helmets 'always' or 'most of the time'.
- Twelve percent (12%) of these users do not have a helmet to use. More females report not having helmets, but the differences are not substantial given the numbers involved.
- Seventy-two percent (72%) of Yukoners use their life jackets in motor boats, sailboats, and canoes 'always' or 'most of the time'. Females use these devices more (77%), while males report using them at a rate of 68%.
- Use of life jackets does not seem to have an association with age other than the fact that those respondents in the age group 15-24 years use life jackets the least.
- Sixty-two percent (62%) of this younger age group report using life jackets 'always' or 'most of the time' compared with the highest of 75% for 25-44 years of age and 76% for those over the age of 65 years.

Table #123: Use of helmets and lifejackets by gender

	All	Female	Male
Use helmets on ATV, motorcycles or snowmobiles			
always, most of the time	62	63	61
sometimes, rarely, never	27	23	28
no helmet	12	14	11
Use life jackets in motor boats, sailboats, canoes			
always, most of the time	72	77	68
sometimes, rarely, never	29	23	32

Table #124: Use of helmets and lifejackets by age groups

	15-24	25-44	45-64	65+
Use helmets on ATV, motorcycles or snowmobiles				
always, most of the time	79	58	54	#
sometimes, rarely, never	14	29	31	65*
no helmet	7*	13	16*	#
Use life jackets in motor boats, sailboats, canoes				
always, most of the time	62	75	68	76
sometimes, rarely, never	38	25	32	24*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SECTION PROFILE #9

	Limited by health	Coping *(very and somewhat)*	Use bicycle helmets *(always, most of time)*	Use helmets *(always, most of time)*
	% of pop	% of limited pop	% of pop biking	% of pop riding ATV,MC,SM
Yukon				
All	14	89	16	62
Age				
15-24	11	82	12	79
25-44	10	89	18	58
45-64	20	88	14*	54
65+	31	100	#	#
Sex				
Male	12	84	13	61
Female	15	93	18	63
Location				
Whitehorse	14	93	18	66
Other	14	82	10	54
Income Adequacy				
Poor	13	78	8	50
Middle	15	92	17	64
Rich	11	87	17	67
Employment				
Employed	11	90	18	68
Unemployed	10	85	7*	57
Education				
Secondary or less	15	89	9	63
Post secondary	12	88	23	60
Qualitative				
Emotional	14	90	17	64
Social	14	85	17	60
Spiritual	14	86	17	54
Physical	14	89	17	61
Dependents				
With	12	95	17	57
Marital Status				
Single	13	79	12	63
With partner	12	90	16	62
Separated, divorced, or widowed	19	96	18	57
Other				
Smoker	15	88	7*	65
Heavy drinker	11	70	7*	60
Live in Yukon > 5 yrs	15	87	15	58

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SECTION PROFILE #10

	Use life jacket *(always)* % of pop boating	Use of seat belts *(always)* % of pop driving	Ensure child seat belts *(always)* % of pop drive with kids <14	Drinking and Driving *(past 12 months)* % of pop driving
Yukon				
All	61	75	91	21
Age				
15-24	59	65	96	21
25-44	64	75	90	24
45-64	55	80	86	16
65+	71	80	#	#
Sex				
Male	56	68	87	29
Female	70	83	94	13
Location				
Whitehorse	66	79	93	21
Other	53	66	87	21
Income Adequacy				
Poor	57	65	91	18
Middle	64	76	90	21
Rich	57	78	93	25
Employment				
Employed	61	77	91	20
Unemployed	62	68	91	28
Education				
Secondary or less	60	70	89	21
Post secondary	63	80	92	22
Qualitative				
Emotional	62	76	90	21
Social	63	77	90	21
Spiritual	64	79	90	16
Physical	64	75	90	20
Dependents				
With	67	76	91	19
Marital Status				
Single	54	68	100	28
With partner	64	77	89	20
Separated, divorced, or widowed	64	76	92	15
Other				
Smoker	58	69	88	29
Heavy drinker	46	64	89	35
Live in Yukon > 5 yrs	62	75	90	21

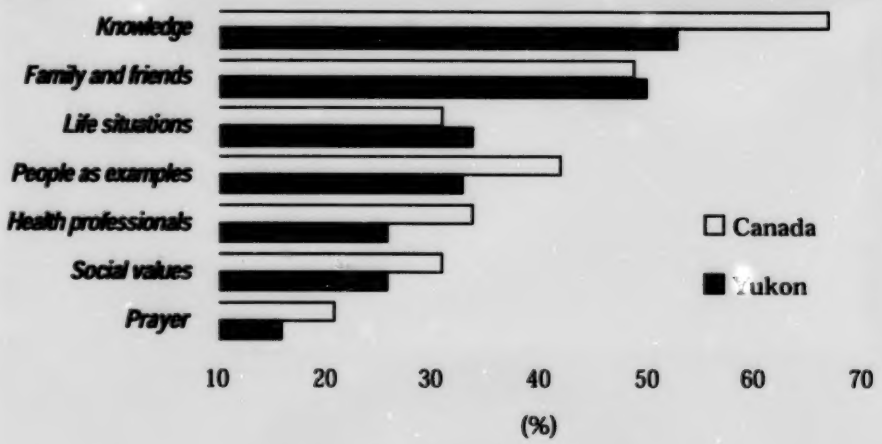
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

5.1.9 Health knowledge

KNOWLEDGE

Information does not necessarily mean use. In fact, many factors confound the interrelation between information and the efficacy and motivation to implement health promoting behaviour. What motivates or encourages individuals to make changes to their lifestyles and, as important, what resources are required to support such choices, become health promotion research questions. Do individuals believe the information they get? Can they integrate this information into their lives? Is this information useful? All these questions are addressed in the survey.

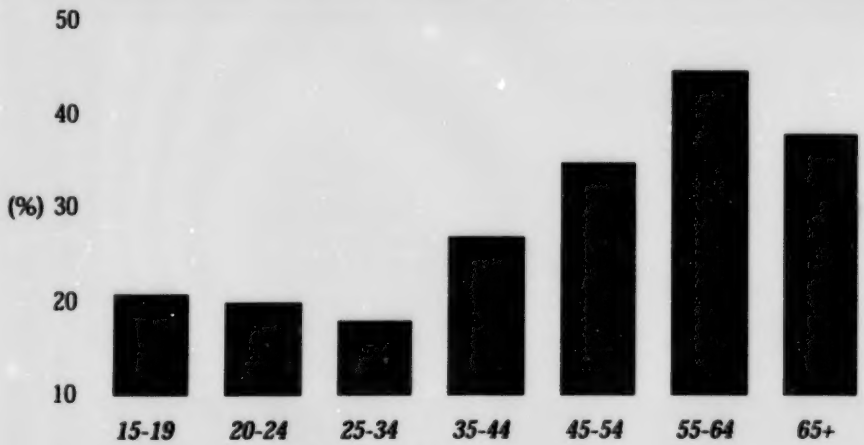
GRAPH #72
SOURCES OF HELP FOR HEALTH IMPROVEMENT
By Source of Help -
All Yukoners having made a change to improve their health



What helps individuals to make improvements in health? Are these supports for Yukoners different from other Canadians?

- The most important influence in making improvements to Yukoners health is basic information. Fifty-three percent (53%) cite the role of knowledge. Nationally this influence is the highest but it was much higher than for Yukoners — nationally 67% indicate knowledge. The second most important influence is that of friends and family. This is reported by 50% of Yukoners - very similar to the proportion reporting at the national level (49%).
- In the Yukon, changes in life situation is next at 34%, followed by other peoples' example (33%) and health professionals (26%).
- Changes in social values is 26% and prayer or spiritual support represents an important influence for 16% of Yukoners.

GRAPH #73
ROLE OF HEALTH PROFESSIONAL IN HEALTH IMPROVEMENT
By Age -
All Yukoners having made a change to improve their health



What are the characteristics of Yukoners by type of support?

- The importance of the health professional increases with age. The importance doubles from the 21% in the age group 15-24 years to 45% in the age group 55-64 years.
- Some variation in the numbers is observed by gender. The role of family and friends is more important to females than it is for males (55% for females and 46% for males). Changes in social values are more important to males than for females (29% versus 23%).
- Women see the importance of self-help groups as greater than men. Ten percent (10%) of women report self-help groups as important compared to 6% for men.

Table #125: Help make improvements by gender

		Family & friends	Knowledge	Legislation by-laws/ programs	Change in life situation	Health professional
ALL	Yukon	50	53	5	34	26
	Canada	49	67	10	31	34
FEMALE	Yukon	55	51	5	36	27
	Canada	51	69	10	31	38
MALE	Yukon	46	56	5	31	25
	Canada	46	65	11	30	30

		Self help groups	People as examples	Social value changes	Commercial products or services	Prayer/ spiritual
ALL	Yukon	8	33	26	7	16
	Canada	13	42	31	11	21
FEMALE	Yukon	10	32	23	6	17
	Canada	15	42	29	12	25
MALE	Yukon	6	34	29	7	15
	Canada	10	41	33	10	17

* qualified sampling variation, use with caution.

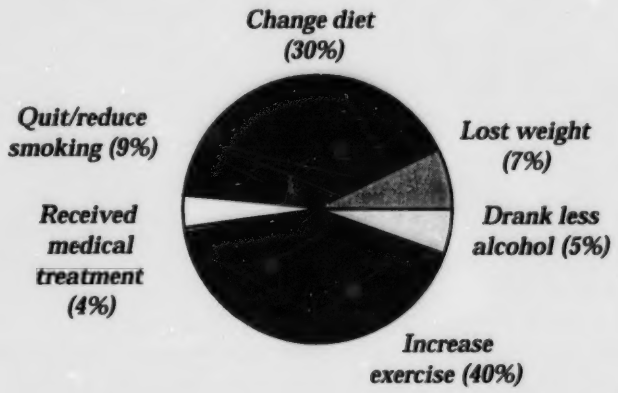
Table #126: Help make improvements by age groups

		Family & friends	Knowledge	Legislation by-laws/ programs	Change in life situation	Health professional
15-19	Yukon	61	62	#	26	21*
	Canada	53	64	14	31	17
20-24	Yukon	46	49	#	54	20
	Canada	44	58	7*	45	22
25-34	Yukon	50	46	3*	36	18
	Canada	47	65	10	38	24
35-44	Yukon	50	51	5*	28	27
	Canada	51	67	13	29	34
45-54	Yukon	53	64	8*	30	35
	Canada	48	71	10	21	43
55-64	Yukon	39*	59	#	48	45
	Canada	50	78	9*	21	57
65+	Yukon	43*	74	#	#	38*
	Canada	47	70	6*	22	59

		Self help groups	People as examples	Social value changes	Commercial products or services	Prayer/ spiritual
15-19	Yukon	#	39	39	#	26
	Canada	7*	58	37	13	7*
20-24	Yukon	8*	33	29	#	21
	Canada	8*	45	37	13	14
25-34	Yukon	8	33	30	7*	12
	Canada	12	43	34	10	15
35-44	Yukon	8	36	20	7*	13
	Canada	15	44	31	11	21
45-54	Yukon	8*	32	24	6*	17
	Canada	16	32	26	11	27
55-64	Yukon	#	24*	26*	#	#
	Canada	17	34	26	13	34
65+	Yukon	#	#	#	#	#
	Canada	12*	32	16	9*	48

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #74
TYPE OF HEALTH CHANGE MADE IN PAST 12 MONTHS
By Change - All Yukoners having made a change to improve their health



What is the single most important change Yukoners have made to improve their health?

- The single most important change initiated in the 12 months preceding the survey by Yukoners to improve their health was to increase their level of exercise. Forty percent (40%) cite exercise. The second most important change is in diet (30%). These two were then followed by quitting or reducing smoking (9%), losing weight (7%), drinking less alcohol (5%), and medical treatment (4%).
- Little difference is exhibited between males and females other than for losing weight and exercise. Approximately twice the proportion of females report having lost weight compared to males.
- Forty-three percent (43%) of males indicate that exercise is the most important change while 37% of females similarly report exercise.

Table #127: Health change by gender

Single change to improve health	All	Female	Male
increased exercise	40	37	43
lost weight	7	10	5*
changed diet	30	30	30
quit/reduce smoking	9	9	9
received medical treatment	4	5	3*
drank less alcohol	5	5*	5

* qualified sampling variation, use with caution.

Table #128: Health change by age groups

Single change to improve health	15-24	25-44	45-64	65+
increased exercise	36	48	28	#
lost weight	6*	7	8*	#
changed diet	43	23	34	31*
quit/reduce smoking	#	10	13	#
received medical treatment	#	3*	6*	33*
drank less alcohol	#	5	8*	#

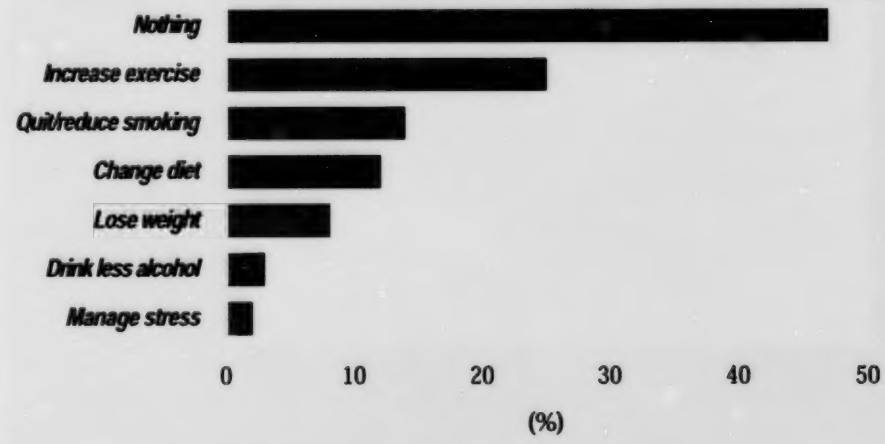
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #129: Health change by income adequacy

Single change to improve health	Poor	Other poor	Lower middle	Upper middle	Rich
increased exercise	#	28	43	48	43
lost weight	#	8*	9*	7*	6*
changed diet	53	42	25	25	28
quit smoking	#	12*	7*	8	10*
received medical treatment	#	#	#	4*	#
drank less alcohol	17*	#	6*	#	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #75 HEALTH IMPROVEMENT INTENTIONS By Intention - All Yukoners



What do Yukoners intend to do to improve their health?

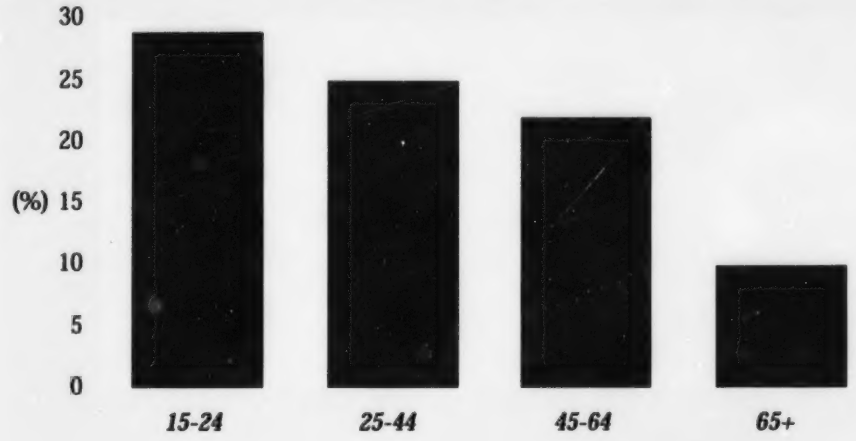
- When asked about their intention to improve their health, Yukoners indicate that the number one response is to do 'nothing' (47%).
- The next most important intention mentioned is to increase their amount of exercise. This accounts for 25%.
- The third health improvement intention is to quit or reduce the amount of smoking (14%).
- Other intentions include changing diet or eating habits (12%), losing weight (8%), drinking less alcohol (3%), and managing or reducing the amount of stress (2%).

Table #130: Health intentions by gender

Intend to do	All	Female	Male
nothing	47	47	47
increase exercise	25	25	24
lose weight	8	11	6
change diet	12	11	13
quit/reduce smoking	14	13	14
drink less alcohol	3	2	5
managed/reduce stress	2	3	1*

* qualified sampling variation, use with caution.

GRAPH #76 INTENTION TO INCREASE EXERCISE IN THE NEXT YEAR By Age - All Yukoners



Are these choices different for different ages, sex, or other characteristics?

- Similar to the observation for 'health changes', little gender difference is experienced other than for 'losing weight'. Eleven percent (11%) of females indicate they intent to lose weight while 6% of males report this intention.
- Intention to increase exercise drops with age. For the age group 15-24 years, 29% report intentions of increased exercise while this relationship steadily drops to 10% for those 65 years and over.

Table #131: Health intentions by age groups

Intend to do	15-24	25-44	45-64	65+
nothing	51	43	49	65
increase exercise	29	25	22	10*
lose weight	7	8	11	#
change diet	14	12	11	11
quit/reduce smoking	13	16	11	#
reduce drug/medication	#	#	#	#
drink less alcohol	4*	4	#	#
managed/reduce stress	#	3	#	#

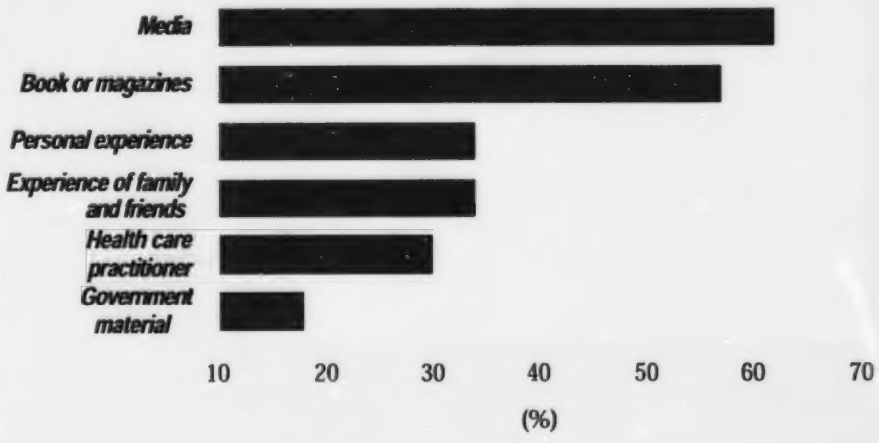
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #132: Health intentions by income adequacy

Intend to do	Poor	Other poor	Lower middle	Upper middle	Rich
nothing	48	35	46	47	54
increase exercise	29	29	19	28	22
lose weight	8*	8*	8	9	7
change diet	11*	23	9	12	13
quit /reduce smoking	28	15	15	12	7
reduce drug/medication	#	#	#	#	#
drink less alcohol	#	5*	3*	2*	3*
managed/reduce stress	#	#	#	2*	3*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

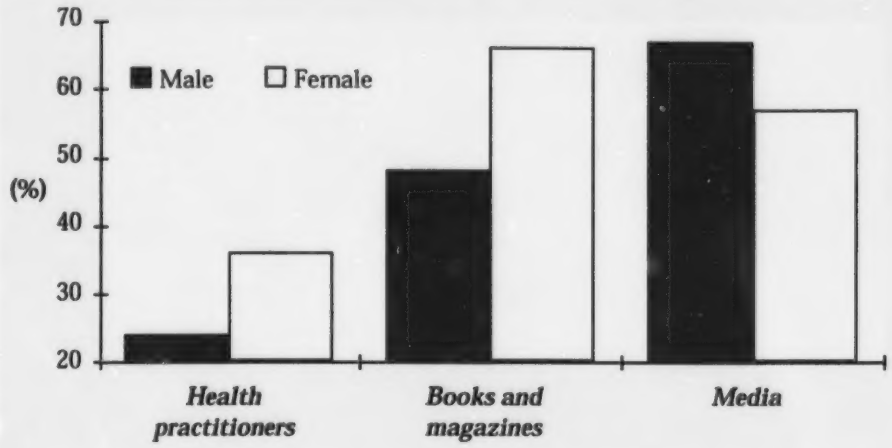
GRAPH #77 SOURCE THAT INCREASED HEALTH KNOWLEDGE By Source - All Yukoners whose knowledge of health risks increased in past year



What has helped to improve Yukoners' knowledge of health risks?

- The most frequently cited source of knowledge of health risks is the 'media', at 62% of all Yukoners.
- The second most referenced source of knowledge is 'books and magazines'.
- Following these two are the importance of 'personal experience' and the 'experience of friends and family', both at 34% of all Yukoners.
- The fifth most important source of knowledge for health improvement is 'health professionals' at 30% of the population. This is followed by government materials at 12%.

GRAPH #78
SOURCE THAT INCREASED HEALTH KNOWLEDGE
By Gender - All Yukoners whose knowledge of health risks increased in past year



Do different Yukoners use different sources of information? How is this distributed by age and sex?

- Among the 58% of Yukoners who reported that their knowledge of health had increased in the 12 months preceding the survey, several important differences are present. Firstly, the importance of 'media' is much higher for men (67%) than it is to women (57%). Next 'books and magazines' are far more important to women (66%) than to men (48%) for sources of health knowledge. Lastly, the influence of the health professional is more important to women (36%) than it is for men (24%).
- By age, 'media' appear more important for the 15-24 year olds (66%) and the 65 year and over group(77%). While 'books and magazines' are most important for the 25-44 year old group and 'personal experience' is most important to the 45-64 years group (39%) and the 'experience of family and friends' is most important to the 15-24 year old group (38%).

Table #133: Health knowledge by gender

Increase knowledge through	All	Female	Male
personal experience	34	35	33
experience of family or friends	34	41	27
media - TV, radio, or newspaper	62	57	67
government material	18	16	20
books or magazines	57	66	48
health care practitioners	30	36	24

Table #134: Health knowledge by age groups

Increase knowledge through	15-24	25-44	45-64	65+
personal experience	36	32	39	22*
experience of family or friends	38	36	30	#
media - TV, radio, or newspaper	66	62	55	77
government material	12	19	18	32*
books or magazines	53	62	51	52
health care practitioners	28	28	41	22*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #135: Health knowledge by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Increase knowledge through					
personal experience	23	46	34	30	38
experience of family or friends	33	48	29	35	33
media - TV, radio, or newspaper	52	61	65	61	63
government material	#	17*	16	21	19
books or magazines	32*	50	59	60	60
health care practitioners	16*	26	32	31	32

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SECTION PROFILE #11

	Improved health *(in last 12 mo.)* % of pop	Lost weight	Increased exercise	Increased knowledge of risks
			% of pop who made changes for health	
Yukon				
All	59	8	44	53
Age				
15-24	66	7*	40	55
25-44	62	8	52	48
45-64	52	9*	32	63
65+	38	#	#	74
Sex				
Male	56	5*	46	56
Female	62	11	42	51
Location				
Whitehorse	61	7	48	54
Other	56	8*	35	53
Income Adequacy				
Poor	59	6*	23	54
Middle	55	8	50	51
Rich	71	7*	46	59
Employment				
Employed	61	9	45	54
Unemployed	62	#	48	53
Education				
Secondary or less	52	8	35	55
Post secondary	67	7	52	52
Qualitative				
Emotional	62	8	44	55
Social	62	8	43	54
Spiritual	60	10	42	53
Physical	59	8	45	57
Dependents				
With	56	7	47	56
Marital Status				
Single	58	9*	48	49
With partner	60	7	45	54
Separated, divorced, or widowed	58	9*	31	60
Other				
Smoker	51	7*	43	51
Heavy drinker	55	#	33	53
Live in Yukon > 5 yrs	57	8	44	54

* qualified sampling variation, use with caution

\# data suppressed due to high sampling variability.

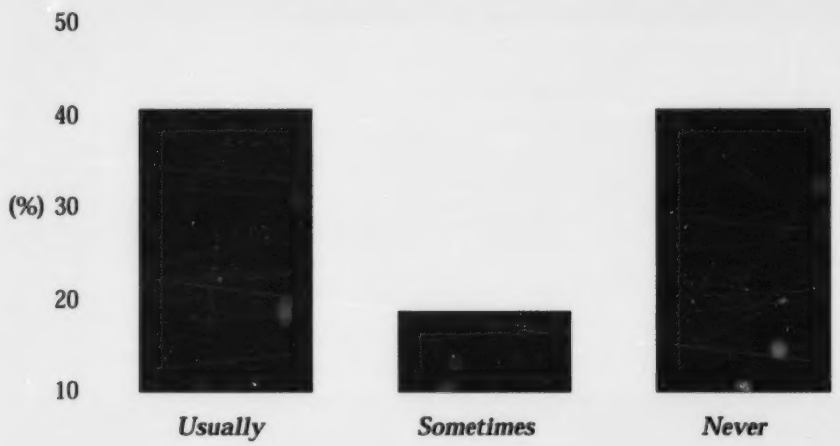
5.1.10 Nutrition

Nutrition has been understood to play a significant role in disease prevention and health promotion. Diet is linked to diabetes, cancer, cardiovascular disease, dental caries, and chronic liver conditions. Nutrition both maintains and restores health.

The Y.H.P.S. survey addresses several features of nutrition. Although full dietary recall is outside its scope, the survey adopts an innovative approach to testing basic nutrition knowledge, application, and behaviour. Respondents provided consumption information on selected food items that were consistent with Canada's Food Guide (CFG). This question provides the ability to measure the adherence of Yukoners to a basic and balanced diet. Other questions provide information on individuals' eating habits, such as skipping breakfast or eating certain types of healthy and unhealthy foods.

NUTRITION KNOWLEDGE

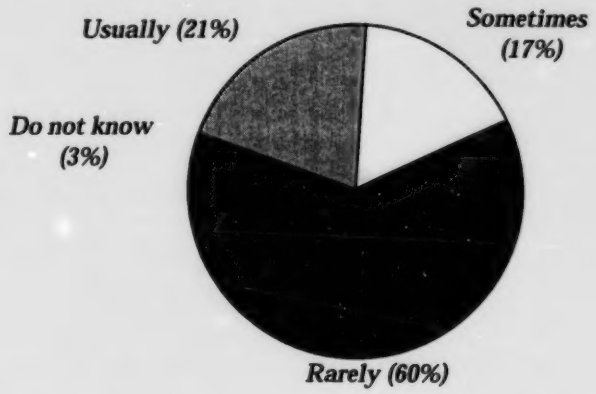
GRAPH #79
POPULATION SKIPPING BREAKFAST
By Frequency - All Yukoners



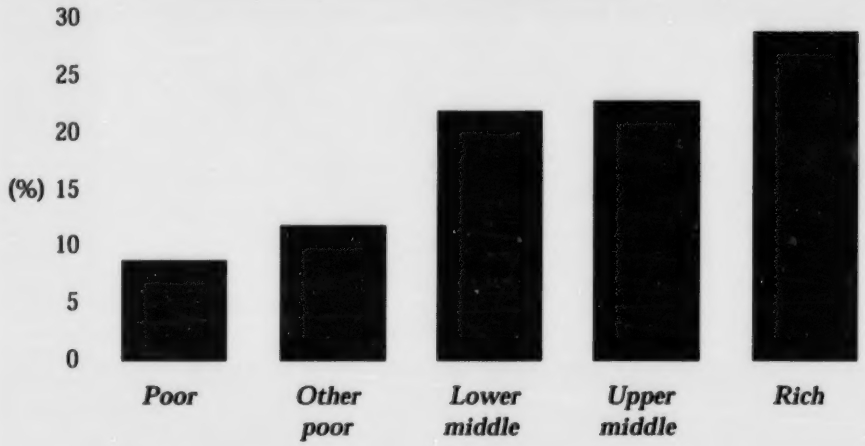
Are Yukoners practicing healthful eating habits? Do they eat breakfast, snack, or eat foods high in fat?

- Forty-one percent (41%) of all Yukoners indicate that they usually skip breakfast.
- Males tend to skip breakfast (42%) more than females (39%), although the differences are small. This behaviour decreases over age groups from a high of 45% for those 15-24 years old to a low of 25% for those 65 years and over.
- People in the 'upper middle' (43%) and 'rich' (46%) tend to skip breakfast more often than those in the lower income categories.
- Snacking between meals is usually done by 30% of Yukoners while eating fatty food 'usually' is practiced by 12% of respondents. Snacking is slightly more prevalent for males and is common to all age groups.

GRAPH #80
POPULATION WHO FOLLOW CANADA'S FOOD GUIDE
By Frequency - All Yukoners



GRAPH #81
POPULATION WHO USUALLY FOLLOW CANADA'S FOOD GUIDE
By Income - All Yukoners



Do Yukoners follow Canada's Food Guide, eat three meals a day, or eat foods high in fibre?

- On the positive side of behaviour, 61% of Yukoners usually eat foods high in fibre. Sixty-seven percent (67%) of Yukon women exhibit this behaviour while 55% of males usually eat food high in fibre. This behaviour increases directly with age. Fifty-six percent (56%) of those respondents 15-24 years eat foods high in fibre compared to 61% at ages 25-44 years, 66% for those aged 45-64 years, and 74% for those 65 years and older.
- Eating three meals a day is performed by 46% of Yukoners with no real differences between males (45%) and females (47%).
- Fewer Yukoners in the ages 15-24 years prepare meals following the Canada's Food Guide (14%) than do those in older age groups such as 45-64 years (27%).
- Income is strongly associated with the use of the Canada's Food Guide. Of those respondents classified as 'poor', 9% state they use the guide. Use steadily increases across the income gradient to 12% for 'other poor', 22% for lower middle, 23 for 'upper middle' and 29% for those classified as 'rich'.

Table #136: Eating habits by gender

Usually	All	Female	Male
skip breakfast	41	39	42
snack between meals	30	28	31
eat fried or fatty foods	11	7	15
eat foods high in fibre	61	67	55
eat three meals a day	46	47	45
follow CFG	21	31	12

Table #137: Eating habits by age groups

Usually	15-24	25-44	45-64	65+
skip breakfast	45	41	39	25
snack between meals	30	32	24	29
eat fried or fatty foods	12	10	10	13*
eat foods high in fibre	56	60	66	74
eat three meals a day	47	44	49	48
follow CFG	14	22	27	20*

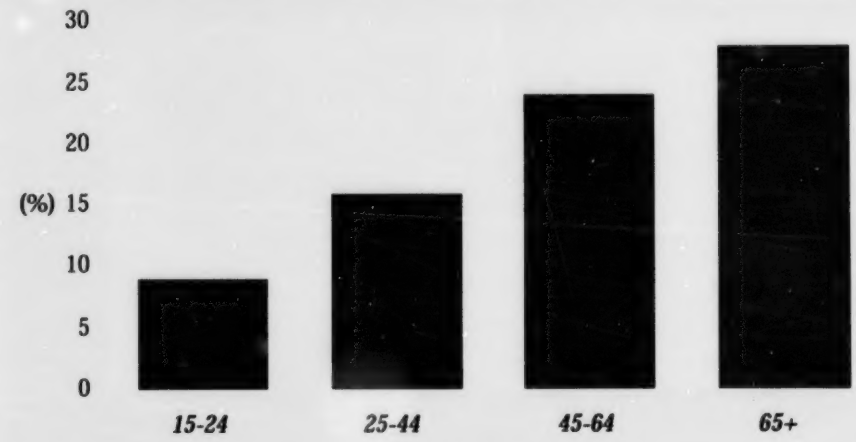
* qualified sampling variation, use with caution.

Table #138: Eating habits by income adequacy

Usually	Poor	Other poor	Lower middle	Upper middle	Rich
skip breakfast	41	34	38	43	46
snack between meals	26	34	28	32	26
eat fried or fatty foods	17	14	9	10	10
eat foods high in fibre	52	61	63	61	62
eat three meals a day	38	42	43	50	48
follow CFG	9*	12	22	23	29

* qualified sampling variation, use with caution.

GRAPH #82
HIGHEST QUINTILE OF NUTRITION KNOWLEDGE INDEX
By Age - All Yukoners



Are Yukoners aware of good eating habits? Based on a simple index of knowledge, how do Yukoners rate?

- The nutrition index provides a scale to identify the relative knowledge of Yukoners. Those respondents who exhibit the greatest knowledge (the top 20%) are mostly women. Twenty-five percent (25%) of women are in the top group while 10% of men are.
- Knowledge of good nutrition also appears to be related to age and income.
- For age, the lowest proportion of those who score high are 15-24 year olds, while those who exhibit the greatest knowledge are the age group 65 years and over.
- The highest proportion of knowledge of good nutrition is concentrated in those respondents classified as 'rich'.

Table #139: Nutrition knowledge by gender

Knowledge Index	Female	Male
highest (5th quintile)	25	10
-	25	15
mid (3rd quintile)	22	22
-	14	22
lowest (1st quintile)	14	32

Table #140: Nutrition knowledge by age groups

Knowledge Index	15-24	25-44	45-64	65+
highest (5th quintile)	9	16	24	28
-	19	21	17	16*
mid (3rd quintile)	25	21	24	21*
-	22	18	15	15*
lowest (1st quintile)	24	25	21	20*

* qualified sampling variation, use with caution.

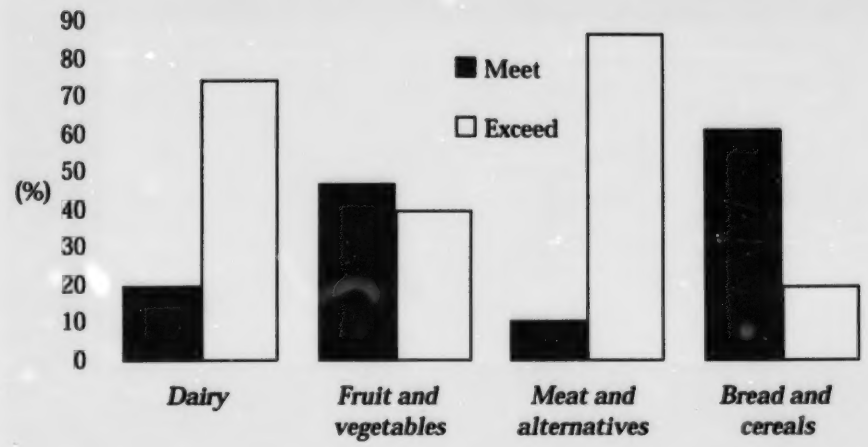
Table #141: Nutrition knowledge by income adequacy

Knowledge Index	Poor	Other poor	Lower middle	Upper middle	Rich
highest (5th quintile)	#	11	15	21	22
-	7*	20	21	19	23
mid (3rd quintile)	37	26	19	21	22
-	19	14	22	17	14
lowest (1st quintile)	31	28	24	22	19

* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

GRAPH #83
POPULATION MEETING OR EXCEEDING CANADA'S FOOD GUIDE
By Food Groups - All Yukoners



Are Yukoners eating properly? Using the CANADA'S FOOD GUIDE as a base, do Yukoners eat to the standards of this guide?

- The term 'application' refers to the measure of the exhibited eating behaviour of Yukoners. This measure is constructed on their actual eating consumption and has been adjusted to compensate for the differences between respondent 'servings' and the measured portions used by Canada's Food Guide. Yukoners were asked to provide a recall of what they ate the day before—this provides not a total measure of what they consumed but rather the distribution of the types of food they ate.
- Twenty percent (20%) of Yukoners meet the daily Canada's Food Guide recommendation of servings from the dairy group. Another 75% exceeded the number of servings.
- Forty-seven percent (47%) meet and 40% exceed the minimum number of servings for the fruit and vegetable group.
- Highest consumption of servings is observed in the meat and alternative group. Eleven percent (11%) of Yukoners met this requirement for the day before the survey but 87% exceeded the standards.
- Sixty-two percent (62%) met their requirement of bread and cereal while 20% exceeded them.

Table #142: Canada's Food Guide by gender

	All	Female	Male
Meeting or exceeding CFG recommendations			
dairy			
meet	20	22	19
exceed	75	74	76
fruit & vegetables			
meet	47	52	42
exceed	40	43	35
meat & alternatives			
meet	11	12	10
exceed	87	86	88
bread & cereals			
meet	62	66	57
exceed	20	8	30
Meeting or exceeding CFG recommendations			
two groups	6	8	5
three groups	21	24	18
all food groups	71	66	75

Table #143: Canada's Food Guide by age groups

Meeting or exceeding CFG recommendations	15-24	25-44	45-64	65+
dairy				
meet	17	20	25	15
exceed	80	76	68	76
fruit & vegetables				
meet	49	47	45	50
exceed	39	38	40	42
meat & alternatives				
meet	10	12	11	11
exceed	89	86	88	86
bread & cereals				
meet	62	60	66	52
exceed	22	20	14	25
Meeting or exceeding CFG recommendations				
two groups	7*	6	7	10*
three groups	17	23	20	18*
all food groups	76	69	71	71

* qualified sampling variation, use with caution.

GRAPH #84 MEETING OR EXCEEDING ALL CANADA'S FOOD GUIDE REQUIREMENTS By Self-rated Health - All Yukoners

Who does not? who does? what are their characteristics?

- When compared to self-rated health, highest values of 'excellent' (72%) and 'very good' (74%) health are observed for those respondents who meet or exceed their requirements for all food groups.
- Exceeding the requirements of the meat and alternative and fruit and vegetables is related to health. In all cases, the proportion of those respondents exceeding is highest in the 'excellent' health group.
- Meeting or exceeding all food groups is linked also to better self-rated health.

Table #144: Canada's Food Guide by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Meeting CFG recommendations					
dairy					
meet	11*	14	21	22	25
exceed	82	78	76	74	71
fruit & vegetables					
meet	38	53	48	49	41
exceed	48	34	39	39	40
meat & alternatives					
meet	#	8*	13	11	13
exceed	93	89	85	88	85
bread & cereals					
meet	66	55	58	64	65
exceed	22	26	21	17	16
Meeting or exceeding CFG recommendations					
one group	#	#	#	#	#
two groups	10*	7*	6	6	4*
three groups	14*	16	21	21	27
all food groups	75	74	71	72	66

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #145: Canada's Food Guide by education

	Secondary or less	Post secondary
Meeting CFG recommendations		
dairy		
meet	18	24
exceed	77	73
fruit & vegetables		
meet	50	44
exceed	36	44
meat & alternatives		
meet	11	12
exceed	88	86
bread & cereals		
meet	62	62
exceed	19	20
Meeting or exceeding CFG recommendations		
one group	#	#
two groups	7	5
three groups	21	21
all food groups	70	73

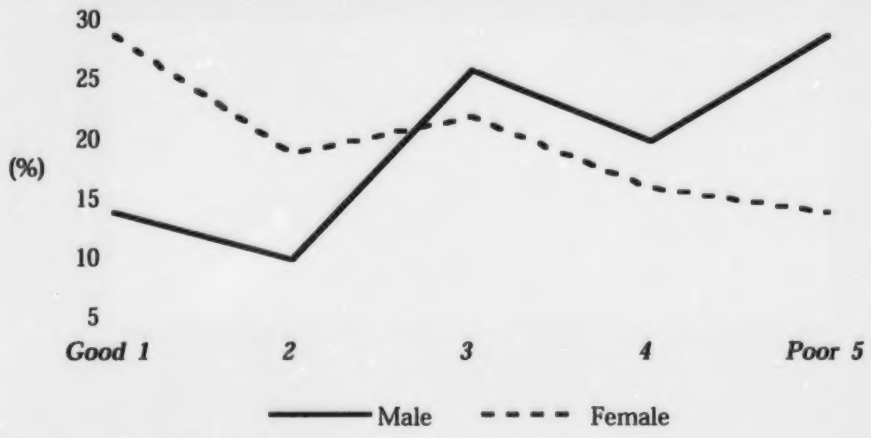
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #146: Canada's Food Guide by self-rated health

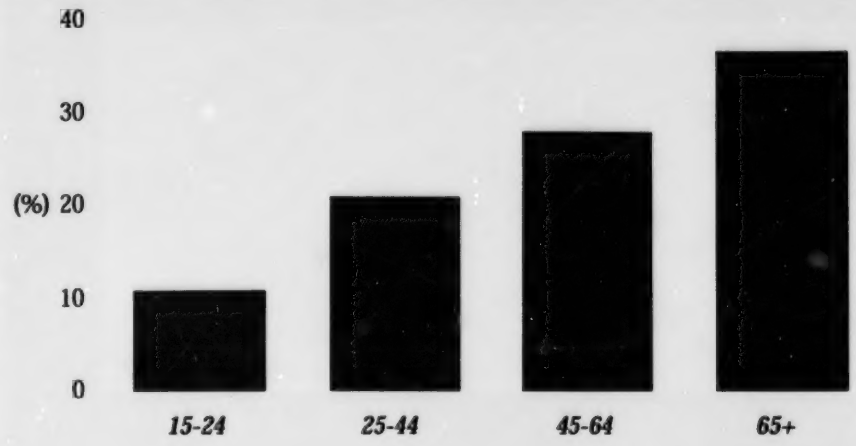
	Excellent	Very good	Good	Fair	Poor
Meeting CFG recommendations					
dairy					
meet	21	18	22	25	24*
exceed	75	79	73	66	67
fruit & vegetables					
meet	46	45	49	47	63
exceed	40	43	38	29	20*
meat & alternatives					
meet	8	12	9	10*	28*
exceed	90	86	89	85	70
bread & cereals					
meet	63	62	65	51	50
exceed	20	21	16	18	18*
Meeting CFG recommendations					
one group	#	#	#	#	#
two groups	5*	6	7	12*	#
three groups	22	19	21	19	25*
all food groups	72	74	71	62	61

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #85 PERCENT IN NUTRITION BEHAVIOUR INDEX QUINTILES By Gender - All Yukoners



GRAPH #86
POPULATION IN HIGHEST QUINTILE OF CALCULATED NUTRITION BEHAVIOUR INDEX
By Age - All Yukoners



Do Yukoners exhibit good eating habits? Using a simple index of good eating Behaviour, who has the highest rating? who has the lowest?

- Using the responses to the types of eating and purchasing behaviours of Yukoners, a scale of these behaviours was constructed that segments Yukoners into equal groups from positive to negative. These are relative scales and are used to rank the population scores.
- Twenty-nine percent (29%) of Yukon females are in the highest ranking group compared to 14% of males.
- These figures are reversed exactly for the lowest behaviour groups at 29% males versus 14% females.
- Good nutritional behaviour increases with age as exhibited by the larger proportions of older age groups in the top two quintiles (20% groups).
- Eleven percent (11%) of the 15-24 year olds were in the top group while 37% of those respondents in the 65 years and over group are in the top quintile.
- Income also reflects this relationship. Eight percent (8%) of those respondents classified as 'poor' were in the top group, compared to 27% of those classified as 'rich'.
- The intervening categories experienced a steady growth in participation in the highest score group.

Table #147: Nutrition behaviour by gender

	Female	Male
Behaviour Index		
highest (5th quintile)	29	14
-	19	10
mid (3rd quintile)	22	26
-	16	20
lowest (1st quintile)	14	29

Table #148: Nutrition behaviour by age groups

	15-24	25-44	45-64	65+
Behaviour Index				
highest (5th quintile)	11	21	28	37
-	10	15	18	#
mid (3rd quintile)	33	22	21	27
-	16	19	19	12*
lowest (1st quintile)	29	23	14	17*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #149: Nutrition behaviour by income adequacy

Behaviour Index	Poor	Other poor	Lower middle	Upper middle	Rich
highest (5th quintile)	8*	14	21	25	27
-	10*	10*	13	18	14
mid (3rd quintile)	40	29	23	20	25
-	13*	23	24	14	15
lowest (1st quintile)	29	23	20	23	18

* qualified sampling variation, use with caution.

Table #150: What would improve the way Yukoners eat

	All
A better schedule or more time	22
Better food habits	15
Variety and availability of fresh foods	13
Having someone to cook	7
Having someone to eat with or cook for	6
Money to buy food	5

GRAPH #87
POPULATION TRYING TO LOSE WEIGHT
By Gender - All Yukoners

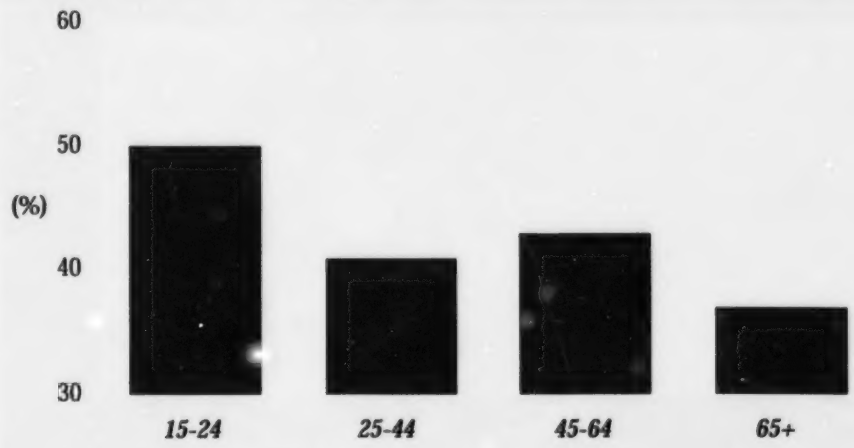
How many Yukoners are trying to lose weight?

- Forty-three percent (43%) of all Yukoners indicated that they were trying to lose weight at the time of the survey.
- Fifty-one percent (51%) of the responding females indicated that they were trying to lose weight, while 35% of Yukon males indicated they were trying.
- Fifty percent (50%) of all Yukoners aged 15-24 years were currently trying to lose weight while 41% of those 25-44 years and 43% of those 45-64 years were trying.
- The lowest age group attempting to lose weight was the 65 years and over.

Table #151: Weight loss by gender

		All	Female	Male
Trying to lose weight		**43**	**51**	**35**
How?				
1.	Sensible eating	60	62	55
2.	Exercise	22	16	32
3.	Decrease fatty foods	7	8	4*

GRAPH #88
POPULATION TRYING TO LOSE WEIGHT
By Age - All Yukoners



What means do these people use to lose weight?

- The most commonly cited means of trying to lose weight is by trying to eat sensible foods and practicing sensible eating habits. This group accounts for 60%.
- Twenty-two percent (22%) of those respondents attempting to lose weight do so by exercise.
- A total of 7% references decreasing fatty foods as their means of losing weight.

Table #152: Weight loss by age groups

	15-24	25-44	45-64	65+
Trying to lose weight	**50**	**41**	**43**	**37**
How?				
1. Sensible eating	70	53	64	62*
2. Exercise	12*	30	12*	#
3. Decrease fatty foods	8*	5*	9*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SECTION PROFILE #12

	Trying to lose weight *presently* % of pop	Eat properly *believe they do* % of pop	Meeting /exceeding CFG *Canada's Food Guide* % of pop	Foods hunted /gathered *eat weekly* % of pop
Yukon				
All	43	93	71	47
Age				
15-24	50	91	75	51
25-44	41	92	69	48
45-64	43	98	71	42
65+	37	96	71	47
Sex				
Male	35	95	75	48
Female	51	92	66	47
Location				
Whitehorse	45	94	70	40
Other	39	93	73	62
Income Adequacy				
Poor	42	90	74	56
Middle	43	94	72	46
Rich	42	94	66	42
Employment				
Employed	44	94	71	43
Unemployed	43	94	70	56
Education				
Secondary or less	44	93	71	51
Post secondary	41	94	73	43
Qualitative				
Emotional	44	94	72	46
Social	45	93	73	44
Spiritual	43	94	71	50
Physical	43	95	71	47
Dependents				
With	40	95	68	50
Marital Status				
Single	41	86	71	43
With partner	43	97	73	51
Separated, divorced, or widowed	43	93	66	42
Other				
Smoker	39	91	67	49
Heavy drinker	31	89	68	66
Live in Yukon > 5 yrs	44	94	72	50

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

	Skip breakfast *(usually)* % of pop	Eat in restaurants % of pop	Eat food high in fibre % of pop	Follow standards *Canada's Food Guide* % of pop
Yukon				
All	41	9	61	21
Age				
15-24	45	15	56	14
25-44	41	8	60	22
45-64	39	5*	66	27
65+	25	#	74	20*
Sex				
Male	42	11	55	12
Female	39	6	67	31
Location				
Whitehorse	39	10	62	24
Other	43	6	59	16
Income Adequacy				
Poor	37	9	57	10
Middle	40	7	62	22
Rich	46	13	62	29
Employment				
Employed	42	10	63	23
Unemployed	44	8	56	15
Education				
Secondary or less	45	10	57	16
Post secondary	35	7	66	27
Qualitative				
Emotional	40	8	64	23
Social	39	9	64	23
Spiritual	39	6	68	25
Physical	39	8	63	23
Dependents				
With	44	7	59	26
Marital Status				
Single	42	18	50	10
With partner	41	6	66	25
Separated, divorced, or widowed	39	6	63	24
Other				
Smoker	56	10	48	16
Heavy drinker	52	11	40	11
Live in Yukon > 5 yrs	42	8	61	21

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SMOKING

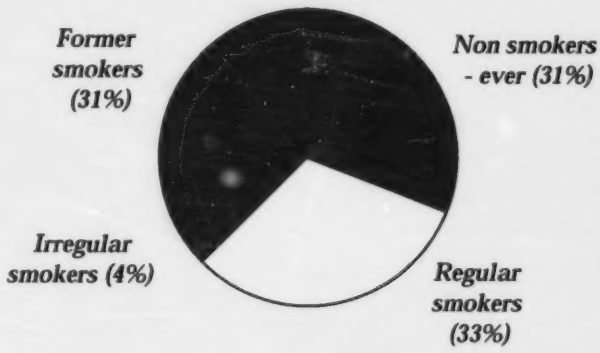
Unequivocal evidence that tobacco smoke is linked to carcinogens was published in 1915 and this evidence had found its way into the medical textbooks by the 1930s. The first convincing evidence published that cigarette tobacco causes cancer was contained in a case-controlled study published in the thirties.

Quitting smoking is one of the most important positive steps that an individual can take to improve his or her health. Smoking is still the most obvious preventable cause of disease and death. It is associated with heart and blood vessel disease, cancers of the lung, emphysema, chronic bronchitis, cancers of the larynx, pharynx, oral cavity, esophagus, pancreas, and bladder. It is also linked to infections of the respiratory system and ulcers of the stomach. Of concern to health promotion is its link with alcohol and drugs and its potential danger for pregnant women, children, and adolescents.

Pregnant women who smoke are more likely than non-smokers to experience complications during pregnancy and deliver babies prematurely, smaller or underweight, and have other problems during the first year of life. The risks of smoking while pregnant are well documented and include growth restrictions, low birth weight, and spontaneous abortion. Birth weight is related directly to the number of cigarettes consumed by the mother during pregnancy.

Questions on the Y.H.P.S. focused on defining current smokers and the volume of cigarettes consumed. One other feature was the issue of quitting and the methods that were successful.

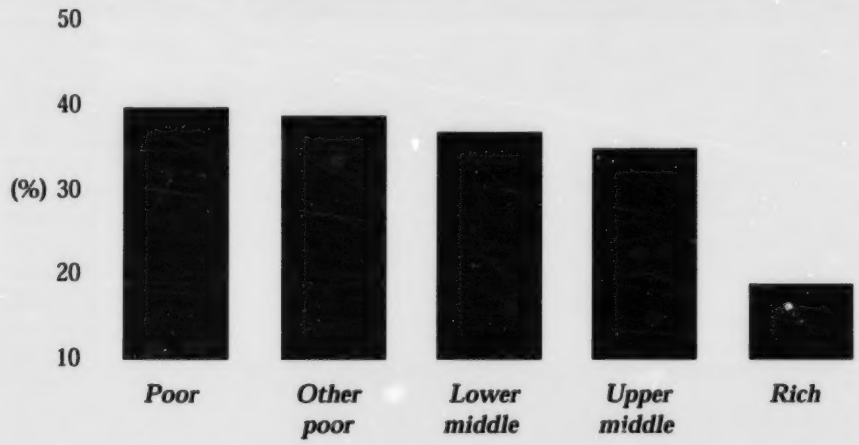
GRAPH #89
SMOKING AND NON SMOKING POPULATIONS
By Smoking Behaviour - All Yukoners



How many current smokers are in the Yukon? Are we different from other Canadians?

- Thirty-three percent (33%) of Yukoners are regular smokers, while 31% are former smokers, and 31% report having never smoked in their lives.
- Another 4% of smokers do not smoke daily and are termed 'irregular smokers'.
- This compares to the national figures of 28% regular smokers, 35% former smokers, 36% for non-smokers (ever), and 1% irregular smokers.
- The number of cigarettes smoked daily by Yukoners is comparable to national figures with 23% of Yukoners as regular smokers consuming 1-10 cigarettes a day, a majority at 69% smoking 11-25, and 7% smoking more than 25.
- Yukon males tend to smoke slightly more cigarettes than females with 30% males as regular smokers compared to 27% for females. In addition, 77% of males consume more than 10 cigarettes in comparison to 71% for females.
- Fewer Yukoners have never smoked compared to the national average. Thirty-one percent (31%) of Yukoners have never smoked in comparison to 36% of those in southern Canada.
- The incidence of smoking decreases across the income gradient.

GRAPH #90
REGULAR SMOKING POPULATION
By Income - All Yukoners



What are the basic characteristics of smokers?

- Twenty-five percent (25%) of all Yukoners aged 15-19 years and 37% aged 20-24 years are regular smokers while 36% of those 25-44 years smoke on a regular basis.
- Only 40% of those respondents aged 15-19 have never smoked in comparison to the national figure of 53%.
- Compared to national figures, all age groups consistently exceed the national proportion of smokers. In the 15-19 year group, the Yukon figure is over 30% higher than the national figure of 19%.

Table #153: Smoking of cigarettes by gender

		Non Smoker (ever)	Former smoker	Irregular smoker	Regular smoker	Number of cigarettes daily 1-10	11-25	26+
ALL	Yukon	31	31	4	33	23	69	7
	Canada	36	35	1	28	26	65	9
FEMALE	Yukon	34	32	3	32	29	65	6*
	Canada	41	31	1	27	30	64	7
MALE	Yukon	29	31	5	35	18	73	9
	Canada	30	39	1	30	22	66	11

* qualified sampling variation, use with caution.

Table #154: Smoking of cigarettes by age groups

		Non Smoker (ever)	Former smoker	Irregular smoker	Regular smoker	Number of cigarettes daily 1-10	11-25	26+
15-19	Yukon	40	29	#	25	#	67	#
	Canada	53	26	#	19	49	48	#
20-24	Yukon	27	23	12*	37	17*	83	-
	Canada	41	24	#	32	33	63	#
25-44	Yukon	33	29	3	36	25	69	6*
	Canada	33	32	1*	34	21	69	10
45-64	Yukon	27	40	3*	30	22*	64	14*
	Canada	31	41	#	27	24	64	12
65+	Yukon	30	41	#	37	37*	63*	#
	Canada	37	47	-	15	38	57	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #155: Smoking of cigarettes by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Non smokers (ever)	**28**	**25**	**34**	**31**	**34**
Former smokers	**20**	**32**	**25**	**32**	**45**
Irregular smokers	**13***	**5***	**4***	**2***	**#**
Regular	**40**	**39**	**37**	**35**	**19**
cigarettes smoked					
1-10	#	14	9	7	4*
11-25	31	23	26	24	13
26+	#	#	#	4	#

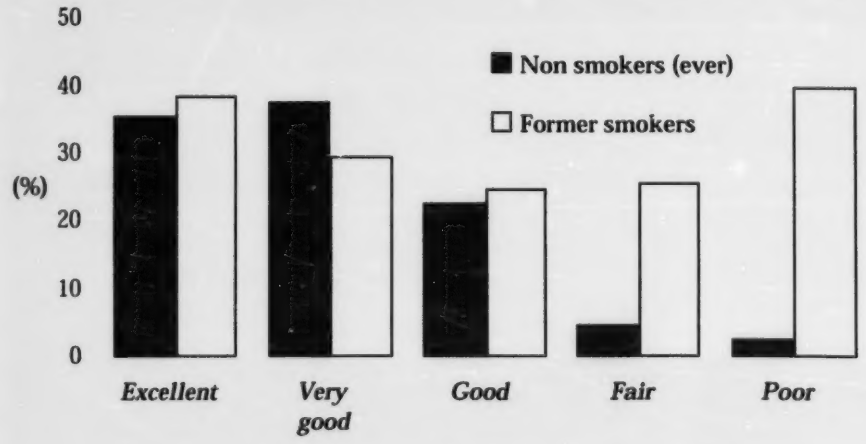
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #156: Smoking of cigarettes by education

	Secondary or less	Post secondary
Non smokers (ever)	**25**	**39**
Former smokers	**32**	**31**
Irregular smokers	**6**	**2***
Regular	**38**	**29**
cigarettes smoked		
1-10	9	7
11-25	26	20
26+	3	2*

* qualified sampling variation, use with caution.

GRAPH #91
NON SMOKING AND FORMER SMOKING POPULATIONS
By Self-rated Health - All Yukoners



How is smoking related to other factors?

- A dramatic relationship exists between self-rated health and smoking. Thirty-six percent (36%) of those individuals who have 'excellent' health are non-smokers (ever) and 39% are former smokers. The number of non-smokers drops to 19% for those in 'fair' health.
- Regular smokers represent 21% of the 'excellent' self-rated health category.
- This figure increases to 53% in the 'fair' health category and 30% in the 'poor' health category; note that the drop in 'poor' category is related to the large increase in the proportion of former smokers (40%) in 'poor' health.
- Smoking is linked to drinking patterns. Seventeen percent (17%) of abstainers are smokers. This increases to 30% for those classed as 'light infrequent' drinkers and those classed as 'light frequent' and 46% of those drinkers who are 'heavy frequent' drinkers. The highest proportion of regular smokers is 61% for 'heavy infrequent' drinkers.

Table #157: Smoking of cigarettes by self-rated health

	Excellent	Very good	Good	Fair	Poor
Non smokers (ever)	**36**	**38**	**23**	**19**	**29***
Former smokers	**39**	**30**	**26**	**26**	**40**
Irregular smokers	**4***	**#**	**7**	**#**	**#**
Regular	**21**	**31**	**44**	**53**	**30**
cigarettes smoked					
1-10	5	8	8	20	#
11-25	14	22	34	25	19*
26+	#	#	2*	8*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #158: Smoking of cigarettes by stress levels

	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
Non smokers (ever)	**33**	**29**	**35**	**29**
Former smokers	**24**	**31**	**33**	**39**
Irregular smokers	**11**	**3**	**2***	**#**
Regular	**32**	**37**	**30**	**30**
cigarettes smoked				
1-10	8*	9	6	7*
11-25	21	25	22	21
26+	#	3*	2*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #159: Smoking of cigarettes by alcohol use

	Abstainers	Light infrequent	Light frequent	Heavy infrequent	Heavy frequent
Non smokers (ever)	**61**	**35**	**36**	**15**	**10***
Former smokers	**19***	**32**	**31**	**21**	**24**
Irregular smokers	**#**	**3***	**2***	**#**	**20**
Regular	**17**	**30**	**30**	**61**	**46**
cigarettes smoked					
1-10	#	7	7	13*	8*
11-25	#	22	20	47	33
26+	#	#	3*	#	#

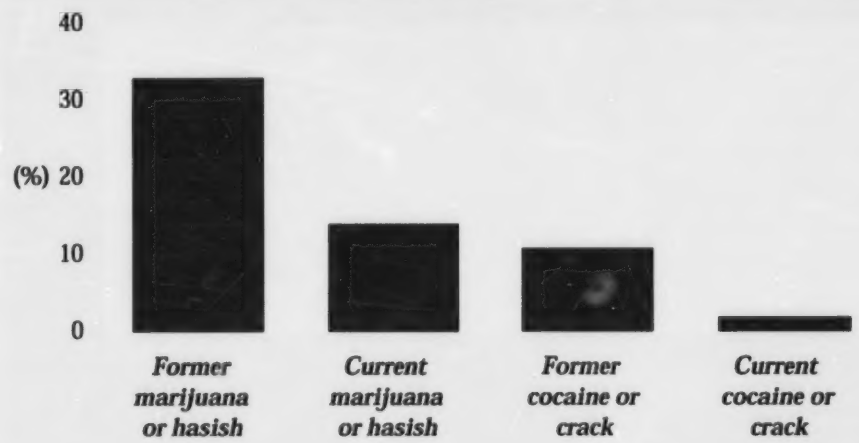
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Alcohol and drugs are implicated in a wide rage of health and social problems. They play causal or contributory roles in accidents, homicides, and suicides as well as diseases such as cirrhosis and cancer.

The health concerns of alcohol and drugs use are related to their adverse social and health consequences that are associated with their misuse of alcohol and drugs, especially among adolescents, young adults, pregnant women, and the elderly. Alcohol and drugs impact the abuser (psychologically, biologically, and socially) family members (injury, financially, and psychologically) and society (accidents, violence, cultural and community disintegration).

This survey replicated many of the questions that were administered in the 1990 Yukon Alcohol and Drug Survey. These questions provided information on current and former users of drugs and the volume and frequency of alcohol consumption. Two new features were included, the first the basic CAGE questions used by many doctors to evaluate patient alcohol use and another question that dealt with the consequences of alcohol use.

GRAPH #92
FORMER AND CURRENT MARIJUANA AND COCAINE USERS
By Drug - All Yukoners



What is the consumption of drugs? Are Yukoners different from other Canadians in their present or past use of drugs?

- Thirty-three percent (33%) of Yukoners indicate they have used marijuana in the past but not in the 12 months preceding the survey. This figure is over twice the national figure of 15%.
- The former marijuana users tend to be male (36% versus 29% for female) and between the ages of 15 and 44 years.
- Current marijuana users account for 14% of all Yukoners, almost three times the national average.
- Eleven percent (11%) of the female population are current marijuana or hashish users (almost four times the national average) and 17% of the male population (compared to 7% of the national population).
- Cocaine has been used by 12% of the population of the Yukon in the past (15 years and older), by 13% of males and 8% of females.
- Current users of cocaine represent 2% of the population. The incidence of this activity is small for the entire population and figures become unreliable for age and sex distributions.

Table #160: Drug use by gender

		Marijuana or hashish user former	Marijuana or hashish user current	Cocaine or crack user former	Cocaine or crack user current
All	Yukon	33	14	11	2
	Canada	15	5	2	1
FEMALE	Yukon	29	11	8	1*
	Canada	12	3	2	#
MALE	Yukon	36	17	13	2*
	Canada	18	7	3	1*

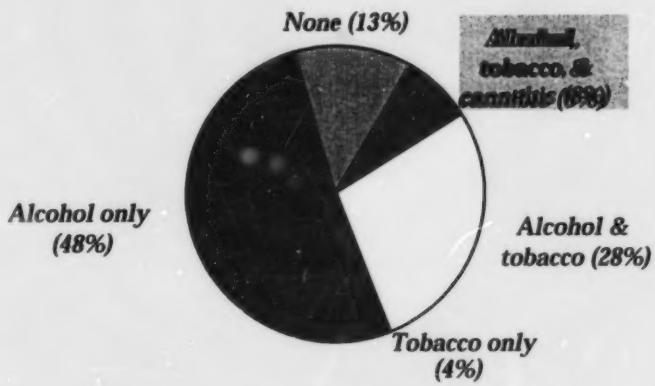
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #161: Drug use by age groups

	15-24	25-44	45-64	65+
Marijuana or hashish				
former user (not in preceding 12 months)	37	39	22	#
current user (in 12 months preceding)	17	18	4*	#
Cocaine or crack				
former user (not in preceding 12 months)	5*	15	6	#
current user (in 12 months preceding)	#	2*	#	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #93
MULTIPLE DRUG USE OF POPULATION
By Use Combination - All Yukoners



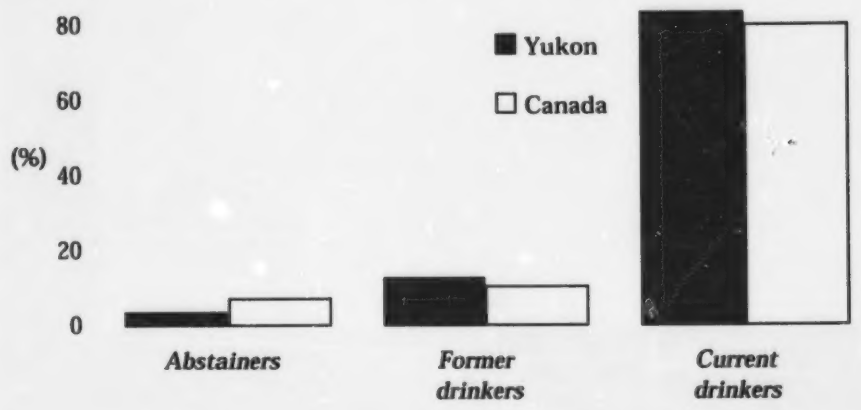
What is the interrelationship between drugs?

- Thirteen percent (13%) of the population of the Yukon do not use alcohol, tobacco, or marijuana (cannabis). This is higher than the national average of 11%.
- Forty-eight percent (48%) of Yukoners use alcohol only, higher than the national figure of 43%.
- Yukon has a much higher proportion of individuals who consume alcohol and tobacco in combination: twenty-eight percent (28%) of Yukoners versus 18% of other Canadians.
- Yukoners who only use tobacco alone account for 4%, and those that use alcohol, tobacco, and marijuana (cannabis) represent 8% of the population—four times the national average of 2%.

Table #162: Multiple drug use by gender

	All	Female	Male
None	13	13	13
Alcohol only	48	51	45
Tobacco only	4	4	4
Alcohol and Tobacco only	28	27	29
Alcohol, tobacco, and cannabis	8	5	10

GRAPH #94
POPULATION USE OF ALCOHOL
By Types of Use - All Yukoners



What is the current drinking status of people? Is the Yukon different from the rest of Canada?

- Eighty-four percent (84%) of Yukoners are current drinkers compared to 81% of other Canadians. Yukon also has a higher proportion of former drinkers (13%) than as the nation as a whole (11%).
- In addition, the proportion of abstainers is less in Yukon (4%) than in the rest of Canada (8%).

GRAPH #95
CURRENT DRINKING POPULATION
By Gender - All Yukoners

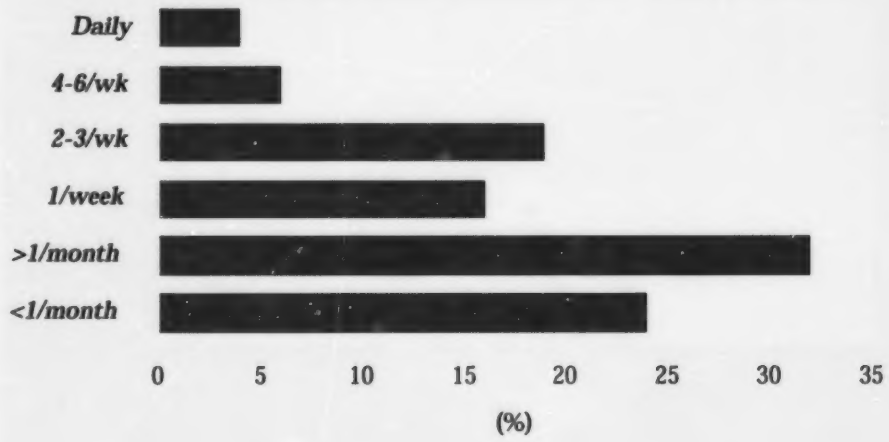
What are the characteristics of drinkers and non-drinkers?

- Eighty-three percent (83%) of all females and 85% of all males in the Yukon are current drinkers. Proportionately more Yukon females are drinkers than expressed by national figures.
- A slightly higher proportion of females than males are life abstainers in the Yukon (4% versus 3% for males), yet the difference between females and males at the national levels is a factor of two—10% for females, 5% for males.
- Other than minor variations, small gender differences in overall drinking status are observed in contrast to the major differences present at the national level.

Table #163: Drinking status by gender

		Abstainers	Former drinkers	Current drinkers
ALL	Yukon	4	13	84
	Canada	8	11	81
FEMALE	Yukon	4	12	83
	Canada	10	13	77
MALE	Yukon	3	12	85
	Canada	5	10	85

GRAPH #96
DRINKING BEHAVIOUR
By Frequency - All current drinkers



How often do people drink?

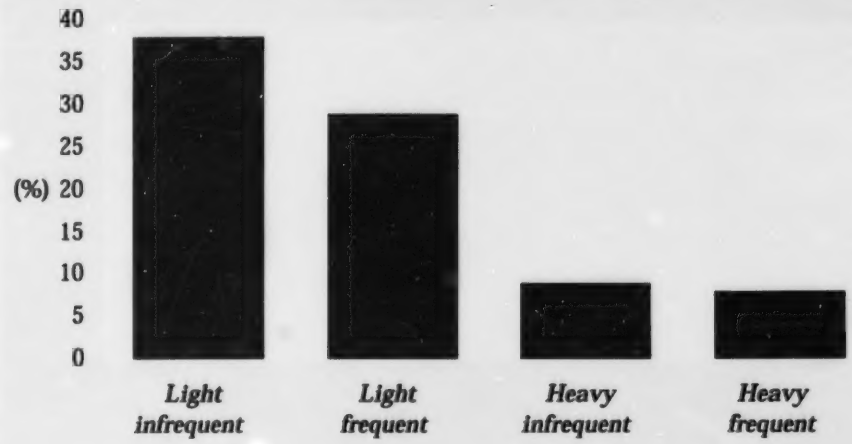
- Fewer Yukoners drink daily than in the rest of Canada. From the distribution of drinking behaviour, Yukoners currently drinking tend to drink several times a week or several times a month.
- Six percent (6%) of current drinkers drink 4-6 times a week and most of these tend to be men (10% of men drink 4-6 times a week compared to 8% of other Canadians).
- Men who are current drinkers drink more often than females with 6% drinking daily, 10% 4-6 times a week and 22% drinking 2-3 times a week.

Table #164: Drinking status by gender

		Daily	4-6 a week	2-3 a week	once or twice a week	greater than once a month	Less than once a month
Current Drinkers							
All	Yukon	4	6	19	16	32	24
	Canada	7	6	20	20	24	24
FEMALE	Yukon	2*	2*	15	14	35	32
	Canada	4	3	12	18	29	34
MALE	Yukon	6	10	22	18	28	16
	Canada	9	8	26	22	20	14

* qualified sampling variation, use with caution.

GRAPH #97
ALCOHOL DRINKING PATTERNS
By Drinking Pattern - All current drinkers



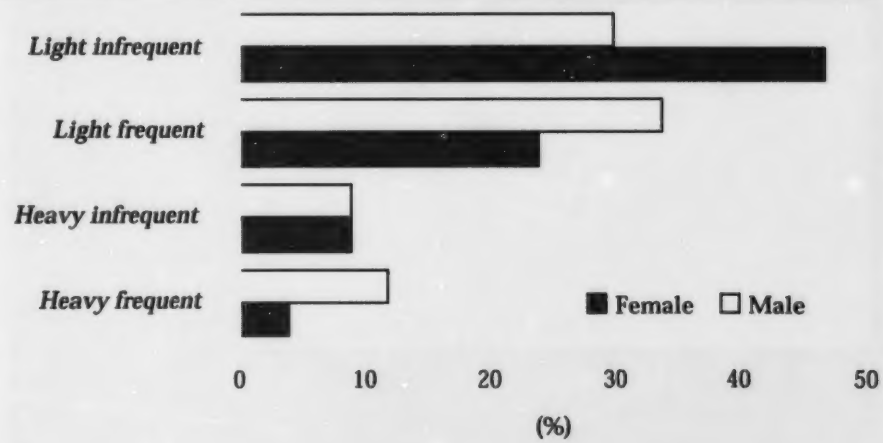
How do Yukoners drink? Using the categories developed in the 1990 Alcohol and Drug Survey, what is the basic pattern of drinking?

- The categories 'light-heavy' and 'frequent-infrequent' provide a pattern of drinking that incorporates both volume consumed and frequency of consumption. Using these groups, 38% of Yukoners would be classified as 'light infrequent' while an additional 29% are classified as 'light frequent' drinkers (see definition of categories section D3.3).
- Of interest for the consequences of alcohol use are the categories of heavy drinking. Nine percent (9%) of Yukoners are classified as 'heavy infrequent' drinkers and another 8% are grouped as 'heavy frequent' drinkers.

Table #165:
Drinking behaviour by gender

	All	Female	Male
Abstainers	**4**	**4**	**3**
Former drinkers	**13**	**12**	**12**
Current drinkers	**84**	**83**	**86**
light infrequent	38	47	30
light frequent	29	24	34
heavy infrequent	9	9	9
heavy frequent	8	4	12

GRAPH #98
ALCOHOL DRINKING PATTERNS
By Gender - All current drinkers



What are the characteristics of these types of drinkers?

- Females are proportionately found more in the 'light infrequent' category. Forty-seven percent (47%) of all Yukon women are classified as 'light infrequent'. Thirty percent (30%) of men fall into this category.
- Males are most commonly found within the 'light frequent' drinkers—30% of all Yukon men. Almost one in four Yukon females (24%) are grouped as 'light frequents'.
- Men and women are equally represented in the 'heavy infrequent' category, both at about 9% of their respective populations.
- Men are disproportionately represented in the 'heavy frequent' category, three times that of females. Twelve percent (12%) of Yukon males drink heavily and frequently while only 4% of Yukon females exhibit this behavioural pattern.

Table #166: Drinking behaviour by age groups

	15-24	25-44	45-64	65+
Abstainers	5*	2	5*	#
Former drinkers	8	10	22	16*
Current drinkers				
light infrequent	39	38	35	52
light frequent	19	34	30	22*
heavy infrequent	15	10	3*	#
heavy frequent	15	7	5*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #167: Drinking behaviour by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Abstainers	8*	8*	2*	2*	4*
Former drinkers	10*	12	16	11	10
Current drinkers					
light infrequent	28	38	39	42	32
light frequent	12*	16	26	31	46
heavy infrequent	20	14	10	7	#
heavy frequent	23	12	7	6	4*

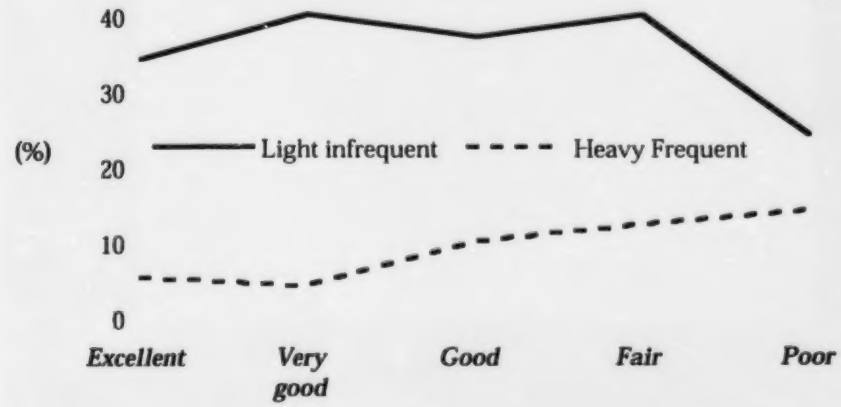
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #168: Drinking behaviour by education

	Secondary or less	Post secondary
Abstainers	5	2*
Former drinkers	15	9
Current drinkers		
light infrequent	37	40
light frequent	22	38
heavy infrequent	11	6
heavy frequent	11	5

* qualified sampling variation, use with caution.

GRAPH #99
ALCOHOL DRINKING PATTERNS
By Self-rated Health - All current drinkers



How is drinking Behaviour related to health factors?

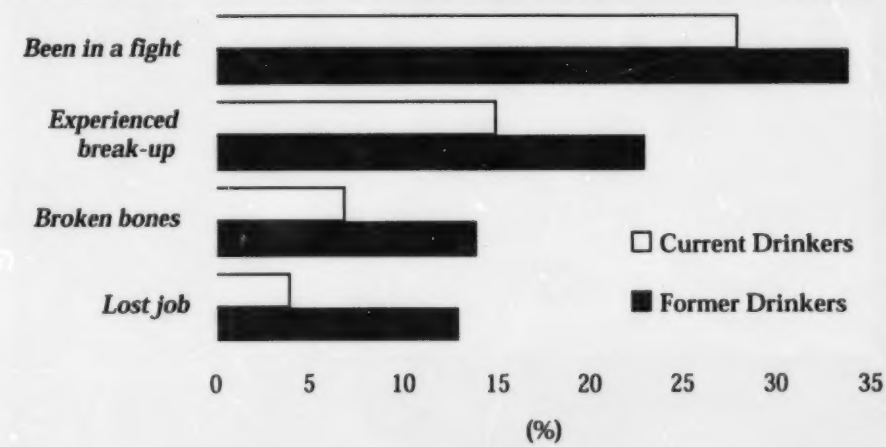
- Using self-rated health as a proxy for health, greater proportions of 'light frequent' and 'light infrequent' drinkers are found in the 'Excellent' and 'Very good' categories of self-rated health.
- Those respondents in the 'light infrequent' consumption categories proportionally drop off as health becomes poor, from 35% and 41% in the 'Excellent' and 'Very good' category to 25% in the 'poor' category.
- Those categorized as 'heavy frequent' represent 6% of those in the 'excellent' health group, but this group gradually increases as health becomes poorer. The proportion of those 'heavy frequents' increases to approximately 15% of the 'poor' group.

Table #169:
Drinking behaviour by self-rated health

	Excellent	Very good	Good	Fair	Poor
Abstainers	3*	2*	3*	11*	#
Former drinkers	13	10	13	11*	36
Current drinkers					
light infrequent	35	41	38	41	25*
light frequent	36	32	26	17	#
heavy infrequent	7	10	9	7	#
heavy frequent	6	5	11	13*	15*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #100
REPORTED CONSEQUENCES OF DRINKING ALCOHOL
By Types of Consequence -
Current and former drinkers



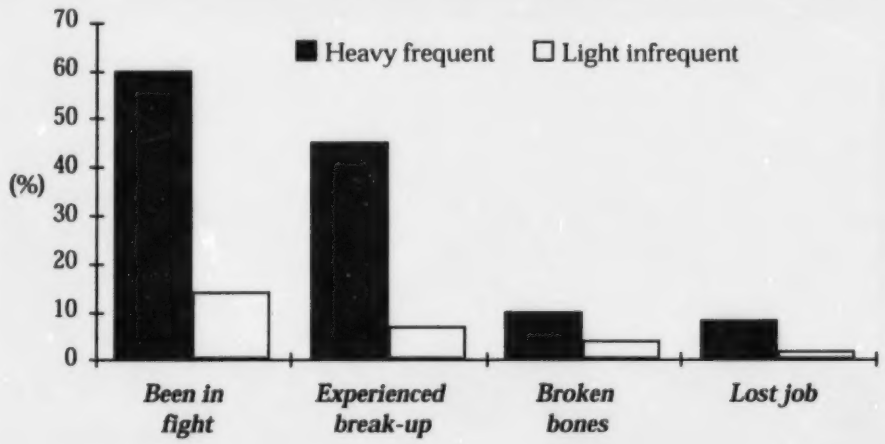
What are the consequences of drinking?

- Thirty-four percent (34%) of all 'former drinkers' indicate that they have been in a fight as a result of drinking while 28% of 'current drinkers' indicate having been in this situation.
- Twenty-three percent (23%) of 'former drinkers' report having experienced a break up in their relationships with others as a result of their drinking. 'Current drinkers' indicate that 15% of this group have had break-ups.
- Of the 'former drinkers', 14% indicate that they have received broken bones through drinking behaviour while 13% of this group have lost a job as a result of drinking.
- Seven percent (7%) of all 'current drinkers' state they have had broken bones through drinking and 4% indicate they have lost a job because of drinking.

Table #170: Consequences of alcohol by alcohol use

	Former drinkers	Current drinkers
As a result of alcohol		
been in a fight	34	28
experienced a break up in relationship	23	15
broken bones	14	7
lost job	13	4

GRAPH #101 REPORTED CONSEQUENCES OF DRINKING ALCOHOL By Drinking Patterns - All current drinkers



Are these consequences related to the drinker type of Yukoners?

- A dramatic difference is observed when the consequences of drinking are viewed by drinker type. Fourteen percent (14%) of 'light infrequent' drinkers and 16% of 'light frequents' report having been in a fight as a result of drinking. This behaviour increases to 44% for 'heavy infrequent' and to a high of 60% for those classified as 'heavy frequent'.
- Break-ups in relationships similarly increase from a low of 7% for 'light infrequent' to a high of 45% for those respondents who are 'heavy frequent' drinkers.
- All other consequences increase steadily over the drinking gradient.

Table #171: Consequences of alcohol by alcohol use

	Light infrequent	Light frequent	Heavy infrequent	Heavy frequent
As a result of alcohol				
been in a fight	14	16	44	60
experienced a break up in relationship	7	4*	29	45
broken bones	4	3*	12*	10*
lost job	2*	#	9*	8*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #172: Victimization by alcohol by gender

	All	Female	Male
Know someone in an abusive situation	47	48	46
Been pushed, hit or assaulted recently	6	6	5
by someone drinking? (% of above)	73	86	57

Table #173: Victimization by alcohol by age groups

	15-24	25-44	45-64	65+
Know someone in an abusive situation	51	46	49	28
Been pushed, hit or assaulted recently	6	6	3*	#
by someone drinking?(% of above)	59	72	91*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #174: Victimization by alcohol use

	Abstainers	Light infrequent	Light frequent	Heavy infrequent	Heavy frequent
Know someone in an abusive situation	36	44	43	56	59
Been pushed, hit or assaulted recently	#	4	5	12*	13*
by someone drinking? (% of above)	#	74*	73*	92*	70*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

	Current smokers	Tried quitting	Current drinkers	CAGE
				yes to 2 or more
	% of pop	% of current smokers	% of pop	% of current drinking pop
Yukon				
All	37	77	84	21
Age				
15-24	41	80	88	19
25-44	38	77	88	21
45-64	33	75	74	20
65+	29	75*	76	20*
Sex				
Male	40	75	85	25
Female	35	79	84	16
Location				
Whitehorse	36	77	87	15
Other	39	76	79	32
Income Adequacy				
Poor	47	68	81	37
Middle	39	81	85	17
Rich	21	71	86	17
Employment				
Employed	34	79	87	17
Unemployed	45	69	86	27
Education				
Secondary or less	43	76	81	25
Post secondary	30	78	90	16
Qualitative				
Emotional	36	82	85	20
Social	37	77	87	19
Spiritual	34	81	77	21
Physical	35	78	85	19
Dependents				
With	39	73	83	18
Marital Status				
Single	37	69	90	23
With partner	36	79	84	18
Separated, divorced, or widowed	43	79	78	26
Other				
Smoker	100	76	89	29
Heavy drinker	65	69	100	46
Live in Yukon > 5 yrs	36	78	83	21

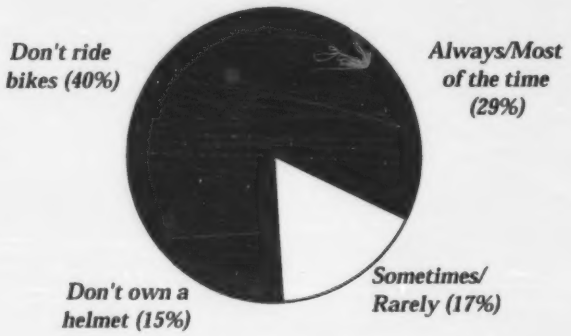
* qualified sampling variation, use with caution.

5.1.12 Child safety

CHILD SAFETY

Many injuries within the child population are consequences of ignoring or not being aware of accepted safety practices. The Y.H.P.S. focused on the use of four basic child safety issues: use of protective helmets for bicycles, use of smoke detectors, the storage of medications and poisons, and the storage of guns in the household.

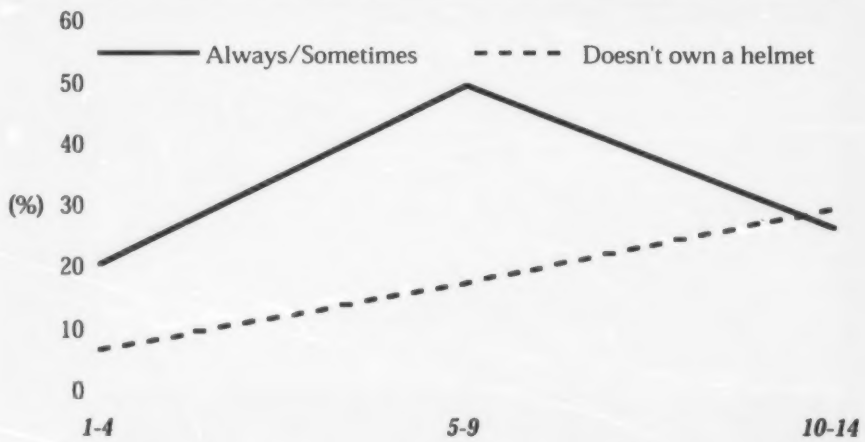
GRAPH #102
CHILDREN USING BICYCLE HELMETS
By Frequency - Youngest child under 15 years reporting



Are children using protective helmets when riding bicycles? How many do not own a helmet?

- Parents were asked to answer for their youngest child. Of the parents surveyed with children under 15 years, 40% of the children do not ride bicycles. Of those respondents who ride a bicycle, 25% do not own a helmet at all (15% of all children including those who did not ride a bike).
- Of those respondents who ride a bicycle, almost 50% use their helmet 'always' or 'most of the time' (29% of all children) while 28% only use them 'sometimes' or 'rarely' (17% of all children).
- Little difference is seen between the genders of the children.

GRAPH #103
CHILDREN USING BICYCLE HELMETS ALWAYS OR SOMETIMES
By Use - Youngest children under 15 years reporting



What are the characteristics of these children?

- When age is viewed a major difference is seen. Firstly, the proportion of those children who do not ride quickly diminished and the proportion of those who do not own a helmet increased.
- When considering only those respondents who ride, this difference disappears. Of those who ride, approximately 50% use their helmet 'always' or 'most of the time'.
- Another 50% of those children riding either do not own a helmet or do not use their helmets on a regular basis.

Table #175: Child protective helmets by gender

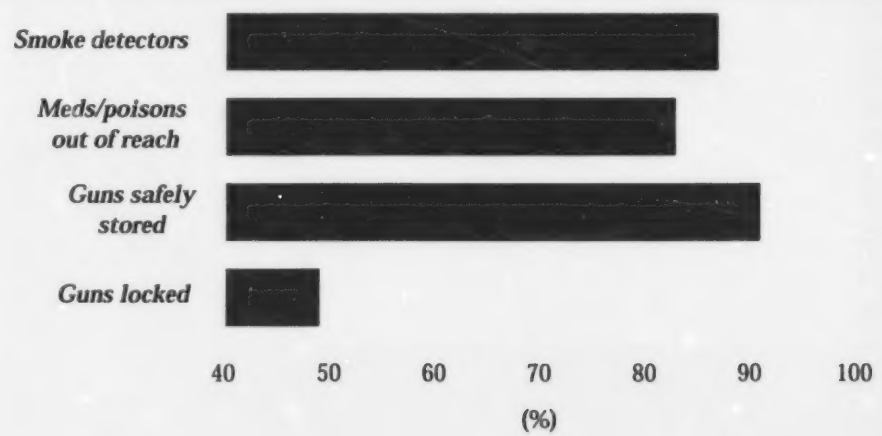
	All	Female	Male
Wear protective helmets			
always, most of the time	29	28	29
sometimes, rarely	17	17	14
does not ride bike	40	38	43
does not own a helmet	15	16	13
Of those riding			
Wear protective helmets			
always, most of the time	48	46	52
sometimes, rarely	28	28	25
does not own a helmet	25	26	23

Table #176: Child protective helmets by age groups of youngest child

	1-4	5-9	10-14
Wear protective helmets			
always, most of the time	21	50	27
sometimes, rarely	4*	23	36
does not ride bike	68	7*	#
does not own a helmet	7*	18	30
Of those riding			
Wear protective helmets			
always, most of the time	48	46	52
sometimes, rarely	28*	28	25
does not own a helmet	25*	26	23

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

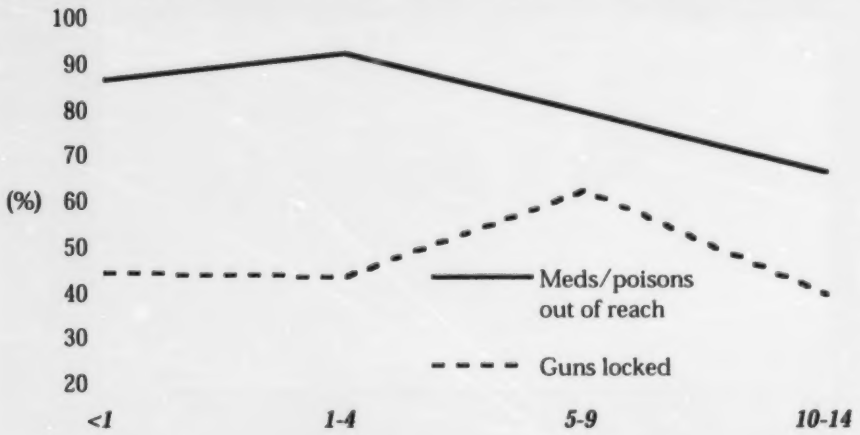
GRAPH #104
USE OF SELECTED SAFETY PROCEDURES
By Types - All households with children under 15 years



Are basic safety practices exhibited for children?

- Smoke detectors are found in 83% of all Yukon households. In households with children this proportion increases to 87%.
- Seventy-seven percent (77%) of all households store their medications and poisons out of reach of children, while for those households with children under 15 years, the percent is 83%. Twenty-nine percent (29%) of those households with children report these storage areas locked.
- Fifty-five percent (55%) of all households in the Yukon own at least one gun, and for those households with children this is somewhat higher at 60%. Ninety-one percent (91%) of all households with guns store them safely, but only 49% of those households with children have them locked.

GRAPH #105
USE OF SAFETY DEVICES
By Age of Youngest Child - All households with children under 15 years



What are the characteristics of these households?

- Safety appears to be related to the age of the youngest child for some types of safety devices. For smoke detectors this is not the case; rather, smoke detector use is related to income adequacy. Sixty-nine percent (69%) of those households classified as 'poor' have smoke detectors. This proportion increases to 85% for 'lower middle' and to 94% for the 'rich'.
- The highest percentage of households storing medications and poisons out of reach are those with children 1-4 years (93%) followed by those aged less than one year of age (87%). The lowest percentage is for households with older children; 67% of households with the youngest children aged 10-14 years store these products out of reach.
- Gun ownership and storage seems uniform, yet across the income gradient, more guns are locked for households with children 5-9 years of age (63%) than for any other age.

Table #177:
Safety devices by children present in household

	All households	Households with children under 15
Smoke detectors		
present in home	83	87
Medications and poisons		
stored out of reach	77	83
locked	16	20
Guns		
own	55	60
stored	91	91
locked	46	49

Table #178: Safety devices by age groups of youngest child

	<1	1-4	5-9	10-14
In households with children				
Smoke detectors				
present in home	87	84	88	89
Medications and poisons				
stored out of reach	87	93	80	67
locked	24*	26	17	13*
Guns				
own	58	61	60	60
stored	89	93	89	91
locked	45*	44	63	40

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #179: Safety devices by community

	Whitehorse	Other
In households with children		
Smoke detectors		
present in home	89	83
Medications and poisons		
stored out of reach	81	86
locked	19	23
Guns		
own	58	64
stored	93	88
locked	51	47

Table #180: Safety devices by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
In households with children					
Smoke detectors					
present in home	69	70	85	94	94
Medications and poisons					
stored out of reach	73	82	89	80	83
locked	#	14*	23	20	21*
Guns					
own	44*	58	53	63	71
stored	64*	95	89	94	89
locked	#	56	43	50	52

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SECTION PROFILE #15

	Use bicycle helmets *(always) does your child?* % of pop who ride	Medicines and poisons *out of reach* % of households with children	Medicines and poisons *locked* % of households with children
Yukon			
All	38	75	16
Age			
15-24	30*	77	17
25-44	39	76	15
45-64	38	70	19
65+	#	58*	#
Sex			
Male	35	74	14
Female	39	77	17
Location			
Whitehorse	41	76	16
Other	30	74	15
Income Adequacy			
Poor	23*	84	12*
Middle	37	75	17
Rich	50	68	15
Employment			
Employed	40	73	16
Unemployed	29	81	13
Education			
Secondary or less	38	83	18
Post secondary	37	68	13
Qualitative			
Emotional	36	76	15
Social	38	76	14
Spiritual	29	79	16
Physical	38	75	14
Dependents			
With	37	84	21
Marital Status			
Single	23	72	13
With partner	38	76	15
Separated, divorced, or widowed	36*	79	21
Other			
Smoker	26	79	17
Heavy drinker	20*	73	18
Live in Yukon > 5 yrs	37	76	15

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

5.2 Health Environment

Physical and social environments play an important role in personal health and well-being. This section provides an overview of the information available on some environmental aspects of health. Health cannot be viewed in isolation of the environment that influences the health of an individual.

5.2.1 Physical environment

There is growing evidence of the influence of the physical environment on personal health. Some researchers cite video display screens, second-hand smoke, electronic power lines, PCBs, dioxins, and acid rain as examples of physical factors that have been, or are presently being researched as, determinants of health. Evidence on indoor pollution, industrial waste, and a growing list of environmental agents all confirm this significant relationship between the physical environment and individual health. Both epidemiology and laboratory testing are accumulating hundreds of associations between individual health and physical environment. The role for health promotion surveys is to measure the presence of perceived physical risk factors and the prevailing attitudes on selected high-risk determinants.

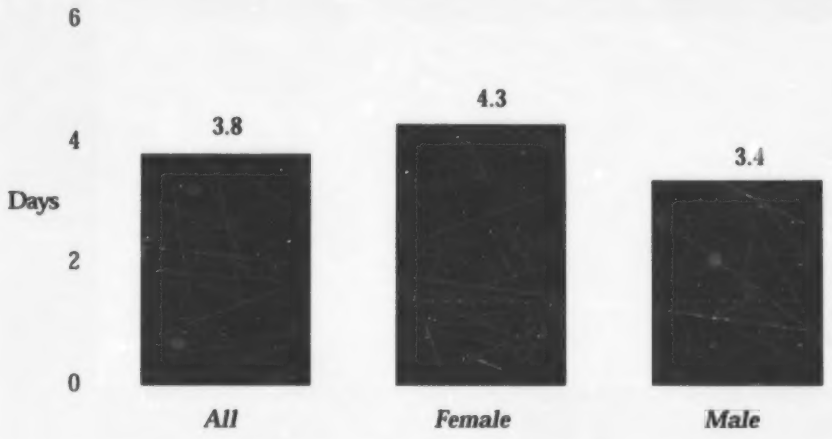
The evidence of physical determinants is complicated by the fact that individuals are uniquely vulnerable to physical threats. Although humans exhibit great adaptability and tolerance to their physical environment, there are limits to an individual's ability to adapt and to be accommodated within the environment. Disabled persons are limited within the physical environment while the human body itself has thresholds of exposure to carcinogenic agents, radiation, and the broad spectrum of industrial chemicals emerging from our physical environment. Many individuals do not always possess the ability to move themselves out of unhealthy environments. Economic and socio-cultural barriers to mobility can be as real as physical walls to those affected.

WORKING CONDITIONS

The working environment accounts for a significant amount of people's time. This environment has the potential to influence Yukoners' health directly as a result of physical hazards and indirectly through a complex of social and psychological interactions such as stress and anxiety.

The Y.H.P.S. addressed the issue of the work environment in several ways. Firstly, it provided an indicator of relative health through the number of days away from the place of employment, and, secondly, it asked respondents about the negative effects of the place of work on their health and well-being.

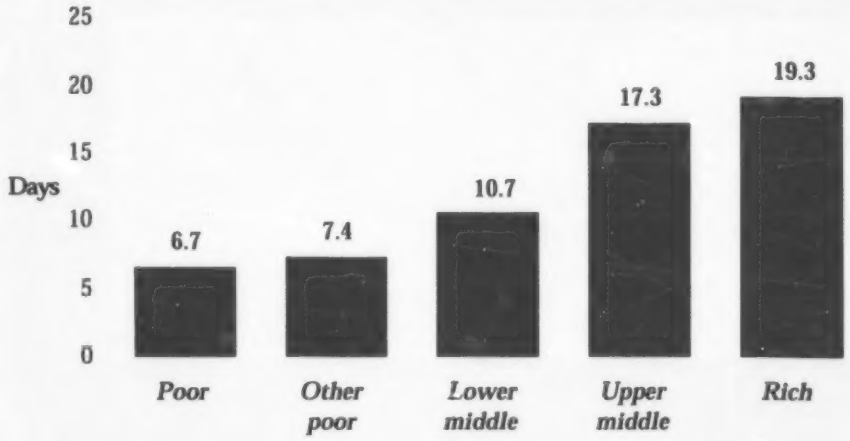
GRAPH #106
AVERAGE DAYS AWAY FROM WORK IN PAST 12 MONTHS AS A RESULT OF SICKNESS, INJURY, OR DISABILITIES
By Gender -
All Yukoners with job or business in past year



What was the time away from employment in the Yukon?

- On average, working Yukoners were away from work because of sickness, injury, or some disability for 3.8 days over the previous 12 months and 0.8 days during the 30 days preceding the survey (note the survey was conducted in January and February).
- Highest average days away is recorded in the mining, manufacturing, and construction industries (5.0 days) followed by those in government at 4.2 days.
- The larger number of days away by occupations is for those in non-management or administrative white collar occupation. This group reported a high of 5.4 days a year.

GRAPH #107
DAYS OF PAID AND UNPAID HOLIDAYS
By Income -
All Yukoners with job or business in past year



How much was related to holidays or leave from employment?

- Income is the strongest correlate of how many holidays Yukoners have in a year. Those respondents classified as 'poor' report on average about 6.7 days of holiday a year. This figure rises to 10.7 for 'lower middle' and 17.3 days a year for those termed 'upper middle'. The highest overall number of days for holidays goes to the group classified as 'rich' (19.3).
- Those respondents in government took the most holidays during the past year — this group averages 20.5 days. Those who took the least by industry are those in the accommodation and other services at a low of 13.2 days during the year.
- Management and administrative occupations report the highest number of holidays at 18.9 days.

Table #181: Days away from work by gender

Days away from work because sick, injured or disabled	All	Female	Male
Past 12 months	3.8	4.3	3.4
last 30 days	0.8	0.7	0.8
Days of paid or unpaid			
holidays in last year	14.3	14.8	14.0

Table #182: Days away from work by age groups

Days away from work because sick, injured or disabled	15-24	25-44	45-64	65+
Past 12 months	3.7	4.0	3.7	0.9
last 30 days	1.1	0.7	0.8	#
Days of paid or unpaid				
holidays in last year	9.5	15.0	17.5	10.1

\# data suppressed due to high sampling variability.

Table #183: Days away from work by income adequacy

Days away from work because sick, injured or disabled	Poor	Other poor	Lower middle	Upper middle	Rich
Past 12 months	3.5	6.0	2.3	4.6	3.5
last 30 days	0.4	1.2	0.6	0.8	0.8
Days of paid or unpaid					
holidays in last year	6.7	7.4	10.7	17.3	19.3

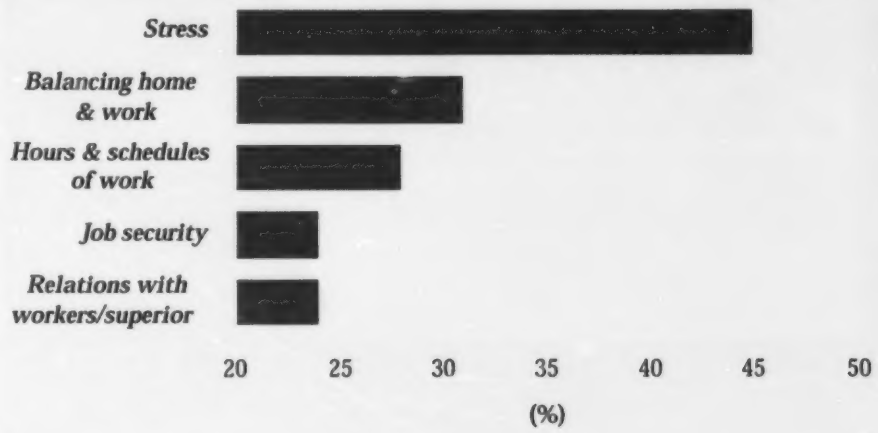
Table #184: Days away from work by Industry

Days away from work because sick, injured or disabled	Mining man., & constr.	Transport, commun.	Government	Trade, business & education	Accomm. & all other
Past 12 months	5.0	3.3	4.2	3.5	3.7
last 30 days	0.7	1.1	0.9	0.7	1.0
Days of paid or unpaid					
holidays in last year	15.8	13.5	20.5	14.3	13.2

Table #185: Days away from work by occupation

	Management admin.	Other White collar	Blue collar	Student	Work at home	Other no job
Days away from work because sick, injured or disabled						
Past 12 months	3.3	5.4	4.0	3.7	2.2	1.7
last 30 days	0.5	1.1	1.1	0.2	0.3	0.7
Days of paid or unpaid holidays in last year	18.9	14.7	16.1	7.0	10.9	13.8

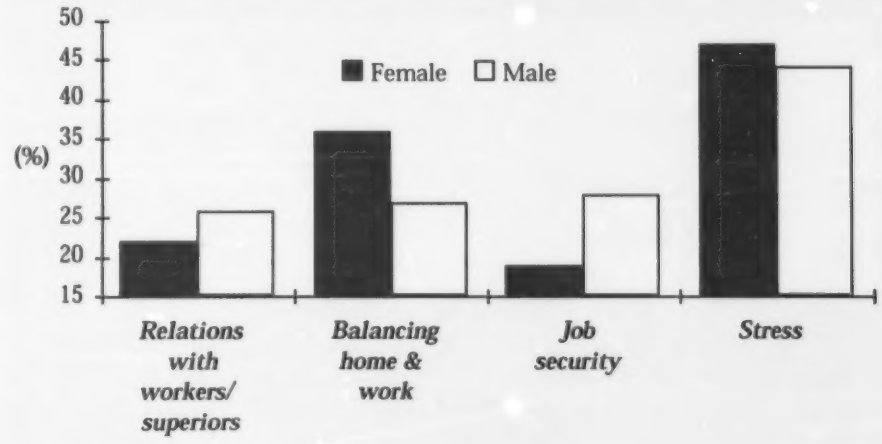
GRAPH #108
NEGATIVE EFFECTS OF WORK ON HEALTH
By Source of Effect - All Yukoners with job or business in past year



What work related factors have negatively affected Yukoners' health? What are these factors and which ones are most important?

- The greatest negative effect on Yukoners' health caused by work is stress. Forty-five percent (45%) of all Yukoners indicate that stress and job demands negatively affect their health.
- The next most important impact on health is difficulty in balancing demands of home life with those of the work place (31%).
- The third most important impact are the hours and schedules that the work place imposes (28%). This source of negative health is followed by job security (24%) and relations with other workers and supervisor (24%).

GRAPH #109
NEGATIVE EFFECTS OF WORK ON HEALTH
By Gender - All Yukoners with job or business in past year



What are the characteristics of these Yukoners?

- Several gender differences are present in the effects of work on health. Firstly, balancing work and home is a greater problem for women (36%) than for men (27%). On the other hand, men say job security affects their health (28%) more than women (19%).
- Job security is of greatest concern for those respondents in mining, manufacturing, and construction (30%); and transportation and communication (29%). Note this survey was conducted during the lay-off at the Faro mine and economic restraint measures.
- Stress is a much higher concern for those respondents in management and administrative occupations. In addition, this group also sees balancing home and work as a major influence on their health (45%) along with those who are working in the home (49%).

Table #186: Effects on health of working respondents by gender

Effects on health	All	Female	Male
stress and job demands	45	47	44
job security	24	19	28
hours and schedules	28	24	30
balancing home and work	31	36	27
relations with workers/superiors	24	22	26

Table #187: Effects on health of working respondents by age groups

Effects on health	15-24	25-44	45-64	65+
stress and job demands	38	51	38	30*
job security	17	27	23	#
hours and schedules	30	30	19	#
balancing home and work	28	37	20	#
relations with workers/superiors	29	25	16	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #188: Effects on health of working respondents by income adequacy

Effects on health	Poor	Other poor	Lower middle	Upper middle	Rich
stress and job demands	46	27	42	47	55
job security	21*	23	22	26	24
hours and schedules	34	39	23	29	24
balancing home and work	14	35	25	35	34
relations with workers superiors	33	15	20	26	28

* qualified sampling variation, use with caution.

Table #189: Effects on health of working respondents by industry

Effects on health	Mining man., & constr.	Transport, comm.	Government & ed.	Trade, business	Accomm. & all other
stress and job demands	40	43	59	49	31
job security	30	29	24	19	13*
hours and schedules	22	30	27	33	24
balancing home and work	25	33	35	37	32
relations with workers/superiors	20	23	29	29	14*

* qualified sampling variation, use with caution.

Table #190: Effects on health of working respondents by labour force status

	Management admin.	White collar	Blue collar	Student	Work at home	Other no job
Effects on health						
stress and job demands	62	48	36	21	32*	24*
job security	27	20	25	#	15*	#
hours and schedules	32	28	25	40	18*	#
balancing home and work	45	29	25	15*	49	#
relations with worker/superior	30	26	21	15*	15*	#

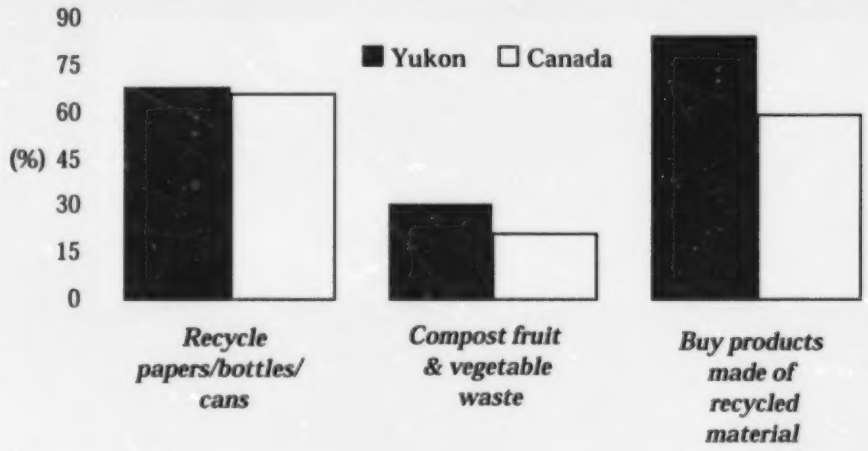
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

POLLUTION AND ENVIRONMENTAL ISSUES

Pollution and environmental agents include, but are not limited to, natural and synthetic chemicals, dusts, minerals, and materials that cause illness. These types of pollution can cause serious health problems including poisoning, reproductive abnormalities, skin disorders, cancer, neurological abnormalities, behavioural disorders, and diseases of the lungs, joints, kidney, or liver.

The Y.H.P.S. dealt with pollution in two ways. The first was to ask whether pollution had effected the respondents' health in any way over the previous 12 months. An open ended question then requested the identification of what specific kind of pollution affected their health.

GRAPH #110
ENVIRONMENTAL PRACTICES BY THE POPULATION
By Selected Practice - All Yukoners



Are people environmentally active? What things do they do?

- Yukoners state that they recycle paper, bottles, cans at about the same proportion as those in rest of Canada (69% versus 67%). Women recycle these products (73%) at a higher rate than do men (66%) which is not observed in the national figures. Although the differences by age are not great, a larger proportion of younger people appear to be recycling these products.
- Thirty-one percent (31%) of Yukoners state that they compost fruit and vegetables. This figure is much higher than the 22% reported by the rest of the nation. Men and women undertake this activity at comparable rates (32% for females and 30% for males).
- Composting is highest in the 65 years and over group (40%), followed by those in the 55-64 year and the 45-54 year, then the 15-24 year group (25%).
- Eighty-five percent (85%) of all Yukoners indicate they purchase products made of recycled materials—a figure much higher than the rest of Canadians (60%). Little age differences are observed but a slight gender differential is present with 88% of women purchasing these products while 82% of men report doing the same.

Table #191: Environmental practices by gender

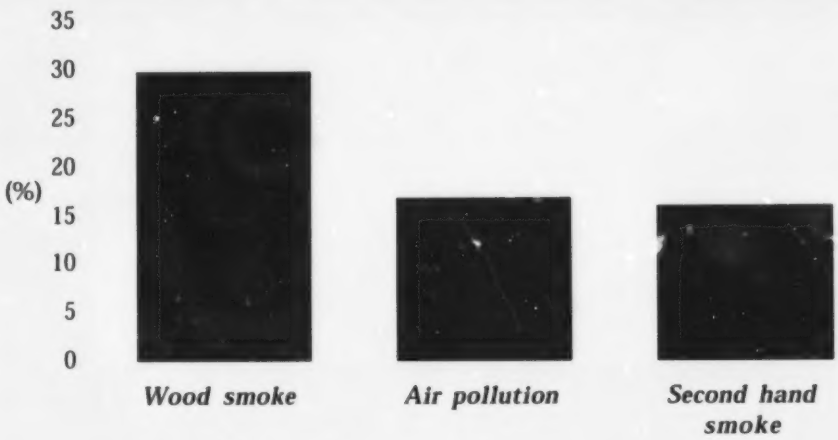
		Recycle paper, bottles, cans	Compost fruit and vegetables	Buy products made of recycled materials
ALL	Yukon	69	31	85
	Canada	67	22	60
FEMALE	Yukon	73	32	88
	Canada	67	22	63
MALE	Yukon	66	30	82
	Canada	67	23	57

Table #192: Environmental practices by age groups

		Recycle paper, bottles, cans	Compost fruit and vegetables	Buy products made of recycled materials
15-19	Yukon	61	25	88
	Canada	76	25	64
20-24	Yukon	64	10*	92
	Canada	70	18	63
25-34	Yukon	76	28	92
	Canada	66	17	65
35-44	Yukon	73	37	83
	Canada	68	22	62
45-54	Yukon	71	36	80
	Canada	70	25	61
55-64	Yukon	67	36	77
	Canada	65	28	56
65+	Yukon	45	40	66
	Canada	57	24	47

* qualified sampling variation, use with caution.

GRAPH #111
TOP THREE TYPES OF POLLUTION AFFECTING POPULATION
By Concern - All Yukoners affected by pollution



Are Yukoners' affected by environmental pollution? What kinds of pollution affect Yukoners?

- A total of 19% of all Yukoners indicate that pollution affects their health in some way during the preceding 12 months. The effects of environmental pollution are felt more by women. Twenty-one percent (21%) of all Yukon women stated that they are affected while 16% of men did.
- When asked what kind of pollution affects them personally, the top three are wood smoke, at 30% of all those affected by pollution, 17% for air pollution, and 16% by second hand smoke.
- Wood smoke affects women more, as 34% of women compared to 25% of men indicate they are affected by this form of pollution. They were also affected more by second hand smoke (21% for females versus 11% for males).

Table #193: Effects of pollution by gender

	All	Female	Male
Affected by pollution	**19**	**21**	**16**
Kinds of pollution (of those affected)			
1. Wood smoke	30	34	25
2. Air pollution	17	16	18
3. Second hand smoke	16	21	11*

* qualified sampling variation, use with caution.

Table #194: Effects of pollution by age groups

	15-24	25-44	45-64	65+
Affected by pollution	18	21	15	11*
Kinds of pollution (of those affected)				
1. Wood smoke	31*	26	38	#
2. Air pollution	22*	16	17*	#
3. Second hand smoke	#	15	23*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #195: Effects of pollution by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Affected by pollution	17	19	18	20	19
Kinds of pollution (of those affected)					
1. Wood smoke	#	#	31	29	41
2. Air pollution	#	#	18*	16*	22*
3. Second hand smoke	#	24*	#	25	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

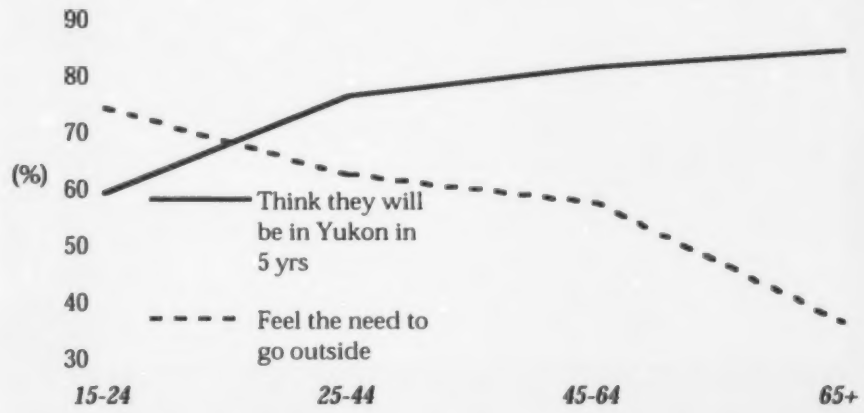
LIVING CONDITIONS

The living environment profoundly affects the physical health of individuals as well as their overall well being. Living conditions include both the physical dwelling inhabited by the individual and the community in which the dwelling is situated.

These aspects of the environmental influences on health were addressed in several ways. The Y.H.P.S. measured several attributes of the perceptions of our attachment to the community. This was done by asking respondents whether they see themselves as remaining in the community over the next five years. In addition, the respondents were asked to evaluate their community through a series of questions that dealt with a sense of community, its relative safety, and other issues related to the community.

The Y.H.P.S. also reported the size of the home in addition to a subjective measure of the home's adequacy for the size of the household.

GRAPH #112
PERCENT REPORTING THEY WILL BE LIVING IN THE YUKON IN 5 YEARS
By Age - All Yukoners



How do Yukoners see their community?

- Seventy-five percent (75%) of Yukoners indicate they expect to be in the Yukon in five years and 66% report they would be in the same neighborhood.
- Yukoners report a high degree of sense of community in the Yukon, with 88% stating their agreement with this statement.
- Eighty-eight percent (88%) report that they feel safe walking alone in their community in the evening. Ninety-five percent (95%) of men feel safe compared to 80% of women.
- Almost two in three suggest they have a need to go periodically 'outside' (i.e., visit southern Canada.) Sixty-eight percent (68%) of women feel this need compared to 59% of men. Some (21%) state they feel isolated and alone living the Yukon, and when they do, the percent are higher for women (24%) than men (18%).

Table #196:
Community attachment by gender

	All	Female	Male
In next 5 yrs. think they will be			
in Yukon	75	77	74
in same neighbourhood	66	65	66
Living in Yukon feel			
a sense of community	88	87	88
safe walking in evening	88	80	95
isolated and alone	21	24	18
need to go 'outside'	63	68	59

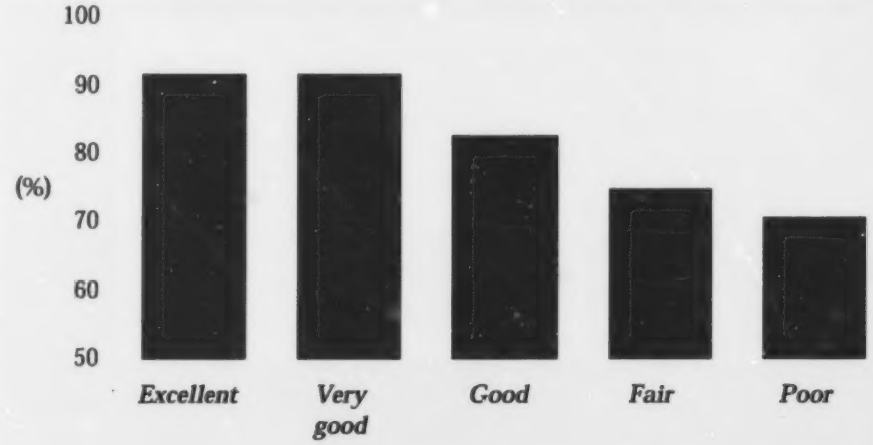
Table #197: Community attachment by age groups

	15-24	25-44	45-64	65+
In next 5 yrs. think they will be				
in Yukon	60	77	82	85
in same neighbourhood	56	63	73	90
Living in Yukon feel				
a sense of community	86	88	87	94
safe walking in evening	87	90	87	77
isolated and alone	31	20	14	23
need to go 'outside'	75	63	58	37

Table #198: Community attachment by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
In next 5 yrs. think they will be					
in Yukon	60	77	74	75	83
in same neighbourhood	58	61	61	68	75
Living in Yukon feel					
a sense of community	78	82	90	89	89
safe walking in evening	80	86	90	88	89
isolated and alone	21	28	21	20	16
need to go 'outside'	57	63	56	66	71

GRAPH #113 POPULATION REPORTING THEY HAVE A SENSE OF COMMUNITY By Quality of Life - All Yukoners



How is a sense of community related to health?

- A sense of community appears to be related to the quality of life. Those reporting an 'excellent' quality of life (92%) also report the highest sense of community. Conversely, those with a 'poor' quality of life report the lowest proportion (71%).
- The greatest number of individuals who feel isolated and alone also report the lowest self-rated health (37%). This is in contrast to only 14% in the 'excellent' self-rated health category.

Table #199: Community attachment by self-rated health

	Excellent	Very good	Good	Fair	Poor
In next 5 yrs. think they will be					
in Yukon	77	77	70	76	90
in same neighbourhood	63	68	70	48	72
Living in Yukon feel					
a sense of community	92	87	85	86	76
safe walking in evening	89	88	89	81	84
isolated and alone	14	21	21	30	43
need to go 'outside'	63	64	61	65	74

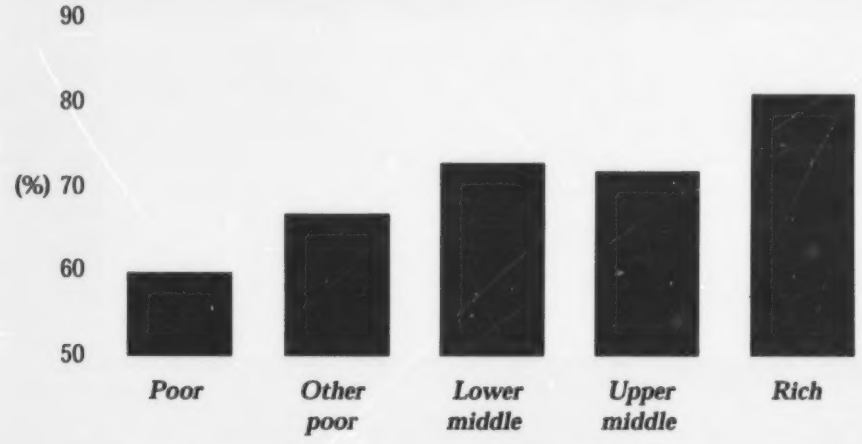
Table #200: Community attachment by quality of life

	Excellent	Very good	Good	Fair	Poor
In next 5 yrs. think they will be					
in Yukon	83	75	71	67	83
in same neighborhood	66	67	66	55	75*
Living in Yukon feel					
a sense of community	92	92	83	75	71
safe walking in evening	88	89	90	81	67*
isolated and alone	14	21	23	30	37*
need to go 'outside'	63	64	63	57	90

Table #201: Community attachment by community

	Whitehorse	Other
In next 5 yrs. think they will be		
in Yukon	77	71
in same neighborhood	61	75
Living in Yukon feel		
a sense of community	87	89
safe walking in evening	87	90
isolated and alone	20	22
need to go 'outside'	62	65

GRAPH #114
REPORTED ADEQUACY OF HOUSEHOLD SIZE
By Income - All Yukoners



Do Yukoners perceive their dwelling sizes to be adequate for them?

- Overall, 73% of Yukoners indicate that they have enough space in the homes. This is not evenly distributed. For those respondents classified as 'poor', 60% stated they have enough space while those classed as 'rich' record an 80% satisfaction with their amount of space.
- Sixty-five percent (65%) of those households with children present are satisfied with the amount of space.
- Fewer households outside of Whitehorse were satisfied with their amount of living space. Seventy-five percent (75%) of those in Whitehorse report enough space compared to 67% of those in the communities.

Table #202: Size of home by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Size of home (ft²)					
<800	44	27	16	15	3*
800 to 999	#	5*	11	6	7
1,000 to 1,299	16*	28	31	33	27
1,300 to 1,999	33	33	31	29	29
2,000 +	#	7*	11	17	33
Enough space	**60**	**67**	**73**	**72**	**81**

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #203: Size of home by household size

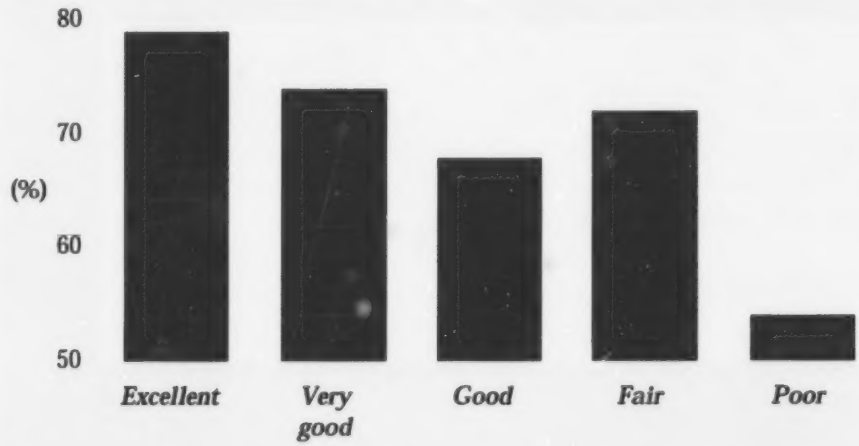
	Children present	1-2	2-4	5+
Size of home (ft²)				
<800	5	30	5	4*
800 to 999	6	9	7	7*
1,000 to 1,299	29	32	31	16
1,300 to 1,999	35	20	37	45
2,000 +	25	9	20	28
Enough space	**65**	**76**	**69**	**69**

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #204: Size of home by community

	Whitehorse	Other
Size of home (ft²)		
<800	16	18
800 to 999	7	10
1,000 to 1,299	29	31
1,300 to 1,999	30	31
2,000 +	19	10
Enough space	**75**	**67**

GRAPH #115
REPORTED ADEQUACY OF HOUSEHOLD SIZE
By Self-rated Health - All Yukoners



Is the size of the dwelling unit related to health?

- Those respondents who indicate that they have 'excellent' health also have the highest satisfaction with the amount of living space they have. Seventy-nine percent (79%) of those with 'excellent' health also have enough space.
- This figure drops to 74% for those respondents with 'very good' health and to 68% for those with good health.
- The lowest self-rated health is also associated with the lowest levels of satisfaction with the amount of household space.

Table #205: Size of home by self-rated health

	Excellent	Very Good	Good	Fair	Poor
Size of home (ft^2)					
<800	13	13	24	27	#
800 to 999	8	6	9	#	#
1,000 to 1,299	28	32	25	25	52
1,300 to 1,999	33	33	25	25	52
2,000 +	18	16	18	12*	#
Enough space	**79**	**74**	**68**	**72**	**54**

* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

SECTION PROFILE #16

	Expect to live in Yukon in 5 years % of pop	Have sense of community in Yukon % of pop	Recycle, compost, buy recycle % of pop	Affected by pollution *(in past 12 months)* % of pop
Yukon				
All	75	88	69	19
Age				
15-24	60	86	63	18
25-44	77	88	74	21
45-64	82	87	70	15
65+	85	94	45	11
Sex				
Male	74	88	66	16
Female	77	87	73	21
Location				
Whitehorse	77	87	69	18
Other	71	89	69	19
Income Adequacy				
Poor	71	81	59	18
Middle	74	89	71	19
Rich	83	89	73	19
Employment				
Employed	75	89	74	20
Unemployed 74	86	65	16	
Education				
Secondary or less	73	88	66	15
Post secondary	78	87	74	23
Qualitative				
Emotional	75	89	71	20
Social	76	89	70	20
Spiritual	74	89	69	23
Physical	76	90	70	19
Dependents				
With	78	85	74	19
Marital Status				
Single	69	85	61	17
With partner 78	88	75	19	
Separated, divorced, or widowed 77	91	63	21	
Other				
Smoker	76	86	63	14
Heavy drinker	66	85	62	15
Live in Yukon > 5 yrs	83	89	69	18

5.2.2 Socio-cultural environment

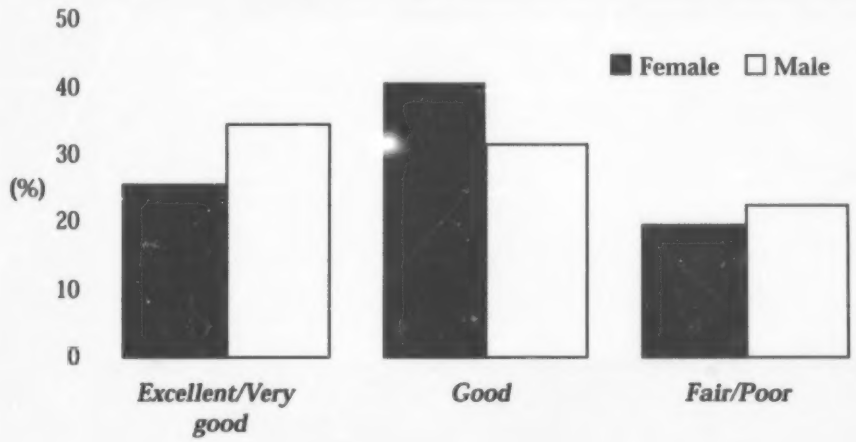
Internationally, health status follows a gradient across socio-economic groups: the lower the income, the lower the status of health. This gradient is stable over time. Health status also reflects the relative differences between the lower and higher socio-economic groups of a country. Implicated with the differential are cultural, social, and economic influences.

CULTURAL

Culture refers to learned patterns of living including health beliefs and behaviours. It is a relative concept that has many definitions and purposes. Ethnicity was captured in the Y.H.P.S. but is not represented in this analysis. As such, the cultural dimension of the Y.H.P.S. is limited to how groups of people relate at the family and community level.

The Y.H.P.S. asked for a comparative evaluation of family health and of community health. These two questions were supplemented by a further question that asked for the identification of the most important health problem for the family and for the community.

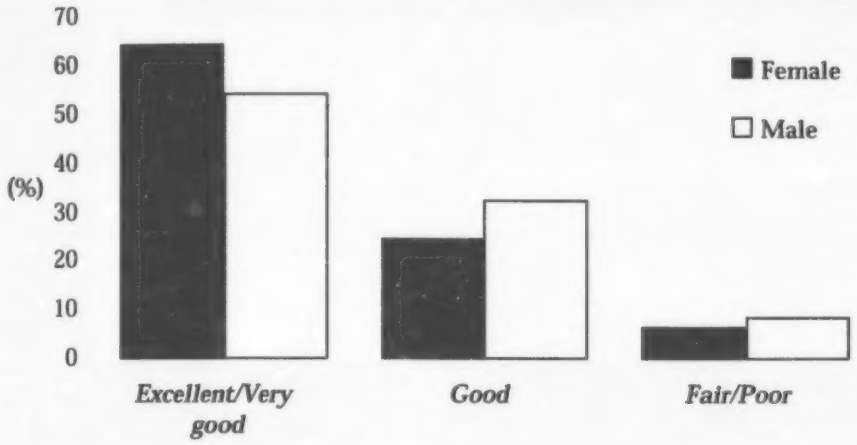
GRAPH #116
REPORTED RELATIVE HEALTH OF COMMUNITY
By Relative Health Categories and Gender - All Yukoners



How do Yukoners see the relative health of their community?

- Overall, 31% of Yukoners see the relative health of their community as 'excellent' to 'very good', while 36% indicate it is 'good' and 22% state they see the health of the community as 'fair' to 'poor'.
- Males tend to be more positive when rating the relative health of their community, with 35% indicating it is 'excellent' to 'very good' in comparison to 26% of females.
- Age also influences how Yukoners see the relative health of their community. Twenty-six percent (26%) of those respondents aged 15-24 years see their community health as 'excellent' or 'very good' while 42% of those aged 65 years and over similarly rate community health.
- Community health is viewed differently by income adequacy. Only 20% of those respondents classed as 'poor' perceive their community health as 'excellent' or 'very good' compared to 40% of those in the 'rich' category.

GRAPH #117
REPORTED RELATIVE HEALTH OF FAMILY By Relative Health Categories and Gender - All Yukoners



How do Yukoners see the relative health of their families?

- Yukoners rate the relative health of their own family much higher than that of their community. Overall, 60% of Yukoners see their own family as being in 'excellent' or 'very good' health. In this case, more females (65%) rate family health as high than do males (55%).
- Only 8% of households rate their family health as either 'fair' or 'poor'.
- Greater proportions of those respondents in higher income categories rate their family health as 'excellent'. Seventy percent (70%) of those classified as 'rich' report 'excellent' or 'very good' family health while much fewer (20%) of those classified as 'poor' do the same.
- Highest levels of family health are reported by those respondents in the age categories 25-44 years (63%), although the differences are not large, the age category 15-24 years is the lowest at 52%.
- Six percent (6%) of Yukoners regard their community's health as 'excellent' while 25% see their family's health as excellent.

Table #206: Community and family health by gender

	All	Female	Male
Overall health of Yukon community			
excellent, very good	31	26	35
good	36	41	32
fair, poor	22	20	23
Overall health of family			
excellent, very good	60	65	55
good	29	25	33
fair, poor	8	7	9

Table #207: Community and family health by age groups

	15-24	25-44	45-64	65+
Overall health of Yukon community				
excellent, very good	26	32	28	42
good	32	38	37	24
fair, poor	27	19	24	22*
Overall health of family				
excellent, very good	52	63	59	56
good	36	26	30	31
fair, poor	11	8	8	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #208: Community and family health by income adequacy

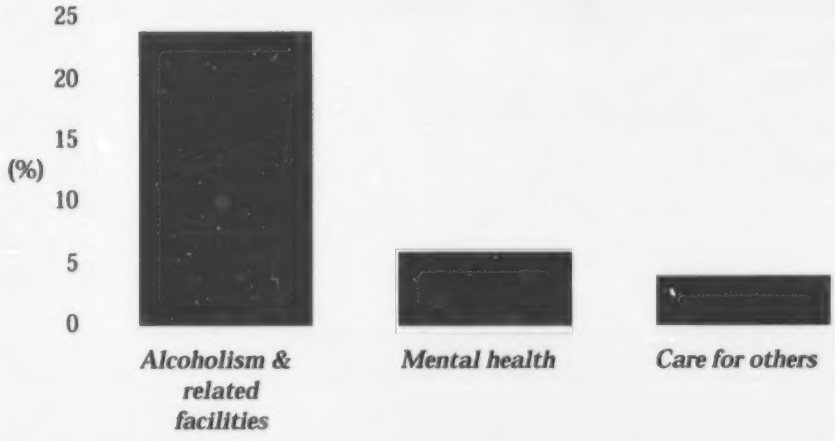
	Poor	Other poor	Lower middle	Upper middle	Rich
Overall health of Yukon community					
excellent, very good	20	33	28	30	40
good	32	28	36	42	31
fair, poor	22	31	25	18	19
Overall health of family					
excellent, very good	44	52	58	61	70
good	35	37	28	30	23
fair, poor	17*	10*	10	6	6*

* qualified sampling variation, use with caution.

Table #209: Community and family health by community

	Whitehorse	Other
Overall health of Yukon community		
excellent, very good	32	28
good	39	30
fair, poor	19	28
Overall health of family		
excellent, very good	61	57
good	28	31
fair, poor	8	8

GRAPH #118
REPORTED TOP 3 IMPORTANT HEALTH ISSUES FOR COMMUNITY
By Issue - All Yukoners



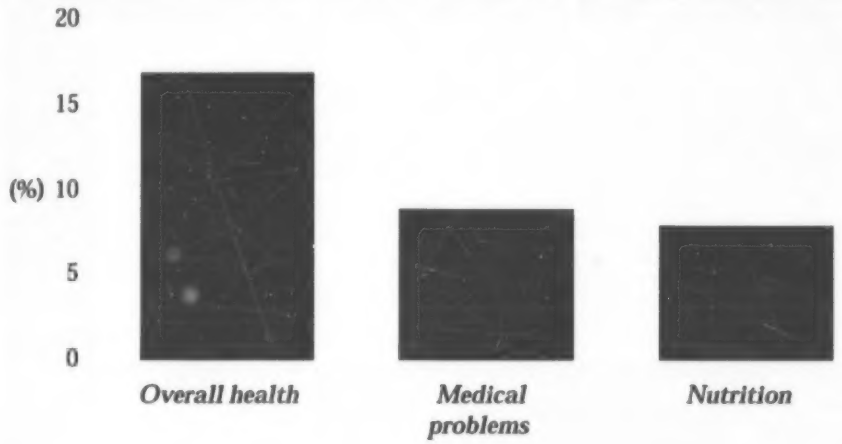
What are the health concerns of Yukoners for their community?

- When Yukoners are asked about their views of community health concerns, the top issues that emerge are alcoholism and lack of alcohol-related facilities. Twenty-four percent (24%) of all Yukoners in an opened-ended question indicate this issue.
- Very small differences are seen across age, gender, or income. All see this issue as the number one concern.
- Higher levels of concern exhibited were seen in the communities outside of Whitehorse (30% versus 21% seen in Whitehorse).
- The second most commonly stated concern is for mental health. Six percent (6%) of Yukoners offer this issue. More females (7%) express this concern than do males (5%).

Table #210: Community and family concerns by gender

	All	Female	Male
Health concerns of the community			
1. Alcoholism and facilities	24	26	23
2. Mental health	6	7	5
3. Care for others	4	3	4
Health concerns of the family			
1. Overall health	17	16	17
2. Medical problems in family	9	12	7
3. Nutrition	8	10	7

GRAPH #119
TOP THREE IMPORTANT HEALTH ISSUES FOR FAMILY
By Issue - All Yukoners



What are the health concerns of Yukoners for their families?

- When asked to focus on specific family health concerns, Yukoners give a wide variety of specific and unique issues. Out of this variety the most common was a very basic concern for the overall health of their family members. Seventeen percent (17%) express this concern.
- The only major variation in this number one concern appeared with age. A steady growth in concerns for the overall health of the family increases from 11% in the 15-24 year old group to 35% in the 65 year and over category.

Table #211: Community and family concerns by age groups

Health concerns	15-24	25-44	45-64	65+
of the community				
1. Alcoholism and facilities	28	25	20	15*
2. Mental health	#	7	8	#
3. Care for others	6*	3	3*	#
Health concerns of the family				
1. Overall health	11	16	18	35
2. Medical problems in family	11	9	10	#
3. Nutrition	8	9	7	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #212: Community and family concerns by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Health concerns of the community					
1. Alcoholism and facilities	23	21	22	27	24
2. Mental health	#	6*	6	7	4*
3. Care for others	8*	9*	#	#	7*
Health concerns of the family					
1. Overall health	18*	13	19	19	10
2. Medical problems in family	#	13	9	9	11
3. Nutrition	#	8*	9	9	7

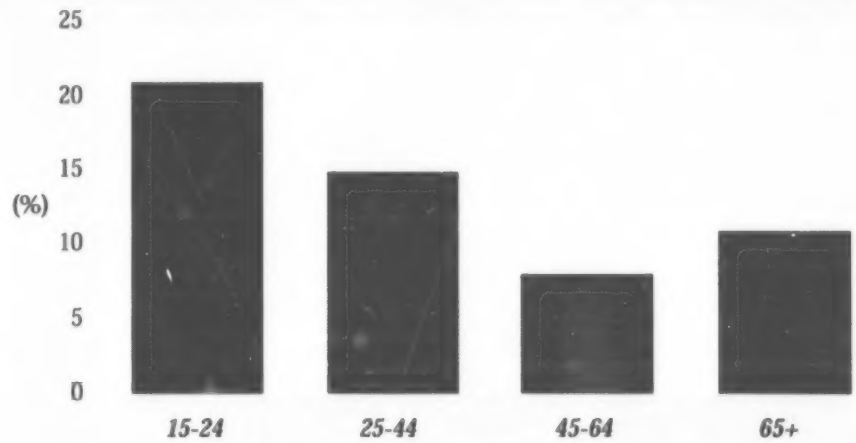
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #213: Community and family concerns by community

	Whitehorse	Other
Health concerns of the community		
1. Alcoholism and facilities	21	30
2. Mental health	6	7
3. Care for others	4	2*
Health concerns of the family		
1. Overall health	17	16
2. Medical problems in family	9	10
3. Nutrition	7	10

* qualified sampling variation, use with caution.

GRAPH #120 POPULATION WITH DIFFICULTY MEETING BASIC NECESSITIES By Age - All Yukoners



Do Yukoners believe they can afford the basic necessities of food, clothing, and shelter?

- Approximately 14% of Yukoners indicate they have difficulties in meeting the basic necessities of food, clothing, and shelter.
- Younger people have the most difficulty, with 21% of those respondents in the age group 15-24 years expressing this difficulty. The next highest group is 25-44 years (15%) and then those over the age of 65 years (11%).
- Not surprising, the highest proportion of those having difficulty meeting the basic needs are those in the 'poor' and 'other poor' income groups. Thirty-five percent (35%) of those respondents classified as 'poor' report difficulties meeting the basic necessities while 25% or one in four of those classified as 'other poor' have the same problem.
- The proportion of those respondents not able to afford the basic needs is 50% higher outside Whitehorse (18% versus 12% in Whitehorse).
- Thirty percent (30%) of heavy drinkers report having difficulty meeting the basic needs of food, clothing, and shelter.

Table #214: Affordability of basics by gender

	All	Female	Male
Perceiving it difficult to meet basic necessities of food, clothing, and shelter.	14	14	15

Table #215: Affordability of basics by age groups

	15-24	25-44	45-64	65+
Perceiving it difficult to meet basic necessities of food, clothing, and shelter.	21	15	8	11*

* qualified sampling variation, use with caution.

Table #216: Affordability of basics by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Perceiving it difficult to meet basic necessities of food, clothing, and shelter.	35	25	18	9	3*

* qualified sampling variation, use with caution.

Table #217: Affordability of basics by community

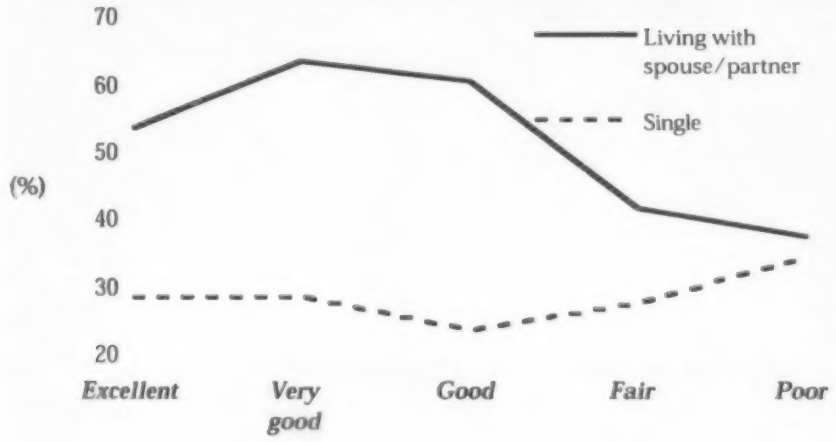
	Whitehorse	Other
Perceiving it difficult to meet basic necessities of food, clothing, and shelter.	12	18

SOCIAL

Socio-economic status is a descriptive term for a person's position in society. It can be classified in many ways, and is often expressed using such criteria as income, educational level attained, occupation, and value of dwelling. Whether one agrees with the concept of typing individuals within society or not, it is well documented that health is influenced by many of the categories used to describe individuals within some form of social typology. For this section, health is portrayed by some of the factors not elsewhere presented.

The major analysis revolves around questions that were used to group individuals into labour force status units. These groups offer another way of viewing the relationship between health and social status or social grouping. Although not related to social status, marital status is a social grouping that is related to health. For purposes of convenience, this relationship was placed in this area of analysis.

GRAPH #121
REPORTED MARITAL STATUS OF RESPONDENTS
By Self-rated Health - All Yukoners



What are the relationships between health and marital status?

- A higher proportion of those living with their spouse or partner are found in the highest level of self-rated health. Fifty-four percent (54%) of those living with a spouse or partner are in the 'excellent' category compared to 38% in the 'poor' heath category.
- This observation is reversed for those respondents who are single or for those separated, divorced, or widowed.
- For singles, the highest proportion is seen in the 'poor' category-35% versus 29% in 'excellent' and 21% in the health category 'very good'.
- When marital status is linked to the reported quality of life the same relationship is seen. Those living with a spouse or partner are found in greater proportions in the 'excellent' or 'very good' categories (63% and 60% respectively) compared to 31% in the 'poor' quality of life category.
- Conversely higher proportion of those single and those separated, divorced, or widowed are found in the 'poor' category.
- When marital status is considered an interesting observation is evident. For 'single' and those 'separated, divorced, or widowed' the proportion of stressful lives decreases from 31% 'not at all stressful' for 'singles' to 23% 'very stressful. For those 'separated, divorced, or widowed' this reduction is from 21% to 16%. For those living with a 'spouse or partner', the proportion increases from 48% 'not at all stressful' to 62% 'very stressful'.

Table #218: Marital status by income adequacy

Marital status	Poor	Other poor	Lower middle	Upper middle	Rich
single (never married)	42	32	30	19	17
living with a spouse or partner	40	44	53	64	72
separated, divorced, or widowed	18	25	17	17	11

Table #219: Marital status by self-rated health

Marital status	Excellent	Very good	Good	Fair	Poor
single (never married)	29	21	24	28	35
living with a spouse or partner	54	64	61	42	38
separated, divorced, or widowed	17	14	15	29	27*

* qualified sampling variation, use with caution.

Table #220: Marital status by stress levels

Marital status	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
single (never married)	23	24	27	31
living with a spouse or partner	62	60	59	48
separated, divorced, or widowed	16	16	15	21

Table #221: Marital status by quality of life

Marital status	Excellent	Very good	Good	Fair	Poor
single (never married)	25	23	27	28	36
living with a spouse or partner	63	60	56	47	31
separated, divorced, or widowed	12	17	17	25	33*

* qualified sampling variation, use with caution.

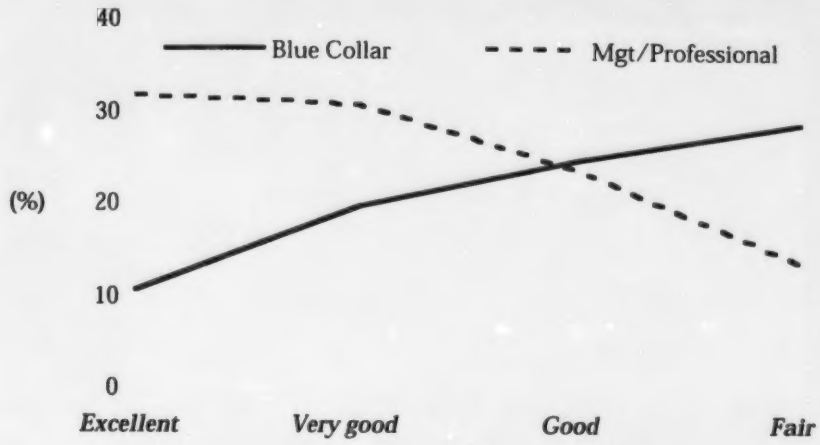
Table #222: Labour force status by income adequacy

Labour force status	Poor	Other poor	Lower middle	Upper middle	Rich
managerial/professional	15*	10*	19	30	47
other white collar	39	19	23	27	21
blue collar	#	13*	22	26	17
student	20*	21	11	4*	8
working at home	#	22	13	7	#

* qualified sampling variation, use with caution.

\# data suppressed due to high sampling variability.

GRAPH #122
REPORTED SELECTED LABOUR FORCE STATUS
By Quality of Life - All Yukoners



Is LABOUR force status associated with health?

- As one would expect, labour force status determines income related situations as well as determining the quality of life. This is also translated into perceived levels of health.
- Those respondents classified as management or professional are found in greatest proportions in the 'excellent' (32%) and very good' (31%) categories of quality of life.
- Those respondents classified as 'blue collar' conversely are found in the categories 'fair' (29% versus 11% in the 'excellent' group).
- Stress is related to 'white collar' work and especially management type of work. Thirty-four percent (34%) of those respondents reporting 'very stressful lives are management or professional, while only 7% of those reporting 'not at all stressful' lives are managers or professionals.

Table #223: Labour force status by self-rated health

Labour force status	Excellent	Very good	Good	Fair	Poor
managerial/professional	31	30	25	26	#
other white collar	23	24	29	17*	22*
blue collar	15	22	21	22	34*
student	12	10	8	#	#
working at home	8	7	11	15*	#
other/no job	10	6	6	16*	21*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #224: Labour force status by stress levels

Labour force status	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
managerial/professional	34	35	21	7*
other white collar	33	23	26	19
blue collar	14	22	23	18
student	9*	7	11	16
working at home	6*	9	10	11*
other/no job	#	4	10	30

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #225: Labour force status by quality of life

	Excellent	Very good	Good	Fair	Poor
Labour force status					
managerial/professional	32	31	24	14*	#
other white collar	26	27	24	14*	#
blue collar	11	20	25	29	60*
student	9	10	8	12*	#
working at home	10	6	11	15*	#
other/no job	12	6	8	16*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

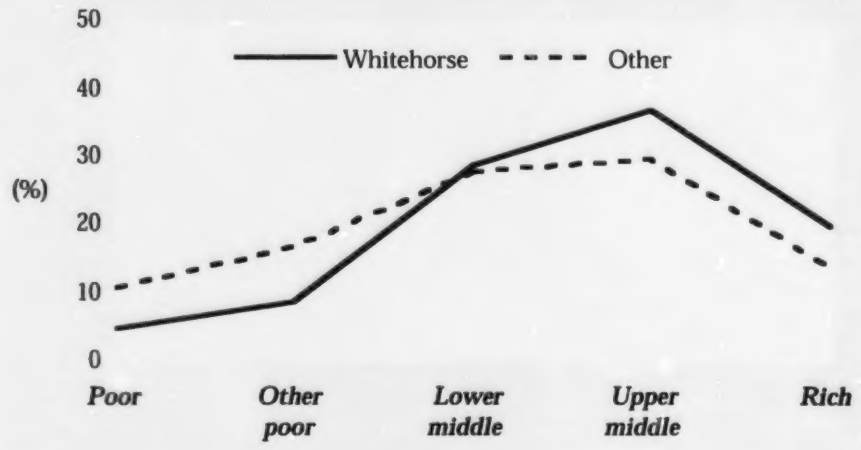
ECONOMIC

Prosperity in the context of economic conditions has been clearly linked to health status. Not only are their life expectancies lower, but people in lower socioeconomic groups are likely to perceive their health to be poorer than those in higher income groups. The National Council on Welfare (1990) reports that "well-off Canadians live longer and healthier lives on average than low-income Canadians ... due to debilitating conditions of life that poverty forces upon people" (p. 6). Expressed in the statistic of average life expectancy, the life expectancy of Canadian males is less, as it is for lower income people. Not only does health improve along the income gradient, it strengthens with income equality. International comparisons among developed countries confirm the relationship between the disparity of income distributions and health. Countries with a more equal income distribution had higher life expectancies than those countries with large income differentials. Morbidity follows a gradient across socio-economic classes exhibiting a decline in mortality with an increase in income. This relationship appears to be continuous and does not exhibit step functions associated with any base thresholds of prosperity.

Well-off Canadians live longer and healthier lives, on average, than low-income Canadians as a result of the conditions of life, associated with poverty. This reality is expressed in higher death rates and shorter average life expectancies. Many factors contribute to the situation, including nutrition, injury, service utilization, living conditions, and other environmental influences.

The Y.H.P.S. offers the ability to link questions of health and lifestyle to those of income circumstances. Income was transformed into a variable that provided an income adequacy classification. This classification incorporated the income of the household and the size of the household supported by that income.

GRAPH #123
CALCULATED INCOME ADEQUACY OF HOUSEHOLD
By Community - All Yukoners



What are the basic relationships between the concept of income adequacy and other characteristics?

- Income adequacy refers to the total available household income related to the number of persons in the household. For analysis purposes, all characteristics such as income are attributed to all members of the household.
- Little gender difference appears; yet age was a strong determinate of income adequacy. Youth (15-24) was concentrated in the middle incomes (28% 'lower middle' and 24% 'upper middle') but makes up the largest proportion of the 'poor'.
- A gradual shift of income adequacy is seen as the age groups get older.
- When related to health, the expected appears. The proportion of those who are 'poor' rapidly grows as self-rated health becomes poorer. Of those in the 'poor' income category, 5% are in the 'excellent' category for self-rated health while 10% are in the 'fair' category.

Table #226: Income adequacy by gender

Income adequacy	All	Female	Male
poor	7	7	8
other poor	12	12	11
lower middle	29	27	30
upper middle	35	37	33
rich	18	17	18

Table #227: Income adequacy by age groups

Income adequacy	15-24	25-44	45-64	65+
poor	16	5	5*	#
other poor	19	10	7	22
lower middle	28	28	27	43
upper middle	24	39	36	24
rich	14	18	25	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #228: Income adequacy by community

Income adequacy	Whitehorse	Other
poor	5	11
other poor	9	17
lower middle	29	28
upper middle	37	30
rich	20	14

Table #229: Income adequacy by self-rated health

Income adequacy	Excellent	Very good	Good	Fair	Poor
poor	5	5	11	10*	#
other poor	13	8	12	20	#
lower middle	26	30	26	28	40
upper middle	31	37	40	27	30*
rich	24	20	12	15*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #230: Income adequacy by stress levels

Income adequacy	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
poor	17	4	8	8*
other poor	12	11	12	13
lower middle	22	27	28	40
upper middle	25	38	37	27
rich	24	19	15	12

* qualified sampling variation, use with caution.

Table #231: Income adequacy by quality of life

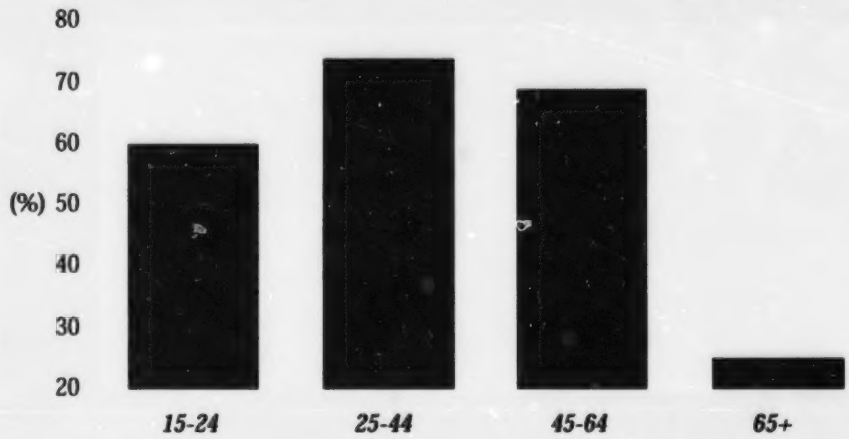
	Excellent	Very good	Good	Fair	Poor
Income adequacy					
poor	4*	6	10	10*	29*
other poor	7	9	13	28	#
lower middle	32	26	29	32	#
upper middle	29	41	35	23	45*
rich	28	18	13	7*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Unemployment

Experience from many countries indicates that insecurity at work, unemployment and underemployment can seriously affect social functioning, health and well-being. The experience of unemployed individuals has consistently shown that unemployment of more than a few weeks causes physiological stress, which leads to raised blood pressure and an increase in the risk of heart disease, suicide and attempted suicides, financial stress, and breakdown of social relationships.

GRAPH #124 EMPLOYMENT OF POPULATION OVER 15 YEARS By Age - All Yukoners



What are the basic relationships between employment status and other characteristics?

- All numbers refer to the proportion of the population 15 years and over. This population includes those not in the labour force. Sixty-seven percent (67%) of all Yukoners 15 years and over were working at the time of the survey (January to March 1993). A slightly higher proportion of females are employed (68% versus 66% for males).
- More females tend to have employment that lasts for a full 52 weeks (58%) while 51% of males are employed for the full year.
- Highest employment is found with the age group 25-44 years, dropping off to the low of 25% for those 65 years and over.
- Employment is highest among those with some post secondary education (81%) and lowest for those with only elementary education (38%).

Table #232: Employment by gender

	All	Female	Male
Currently			
employed	67	68	66
unemployed	18	14	21
Employed last 12 months			
52 weeks	55	58	51
<52>=40 weeks	12	11	12
<40>=20 weeks	22	19	24
<20 weeks	11	11	12

Table #233: Employment by age groups

	15-24	25-44	45-64	65+
Currently				
employed	60	74	69	25
unemployed	29	17	14	#
Employed last 12 months				
52 weeks	39	58	64	31*
<52>=40 weeks	14	11	12	#
<40>=20 weeks	32	21	15	#
<20 weeks	16	10	9	44*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #234: Employment by income adequacy

	Poor	Other poor	Lower middle	Upper middle	Rich
Currently					
employed	45	40	58	80	85
unemployed	25	35	22	11	11
Employed last 12 months					
52 weeks	19*	27	46	65	71
<52>=40 weeks	#	7*	11	15	10
<40>=20 weeks	40	41	28	15	13
<20 weeks	33	25	15	5	6*

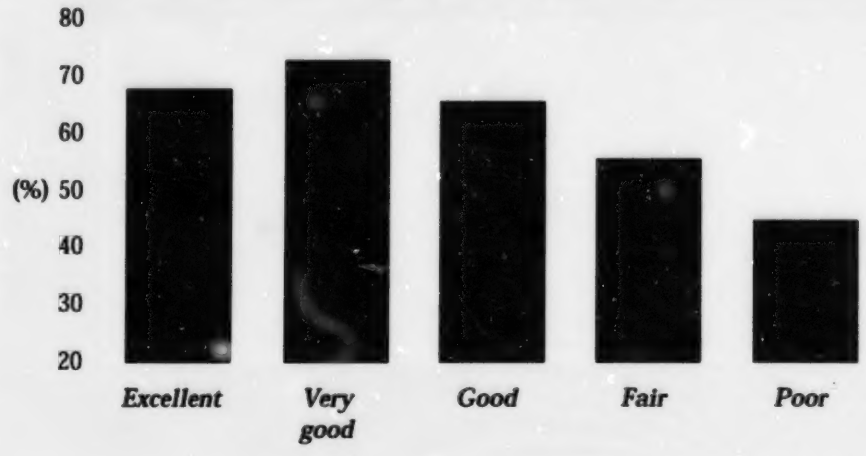
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #235: Employment by education

	Elementary or less	Secondary	Post secondary
Currently			
employed	38	58	81
unemployed	20	23	12
Employed last 12 months			
52 weeks	51	48	61
<52>=40 weeks	#	12	12
<40>=20 weeks	23*	25	19
<20 weeks	16*	14	8

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

GRAPH #125
POPULATION 15 YEARS AND OVER WHO ARE EMPLOYED
By Self-rated Health - All Yukoners



How are these economic factors related to health?

- The highest proportion of those respondents in 'excellent' health are those employed (68%) and this proportion steadily drops as health becomes poorer. Forty-five percent (45%) of those in the 'poor' health category are employed.
- On the other hand, the level of stress is higher in those employed. Seventy percent (70%) of those with 'very stressful' lives are employed compared to 42% of those employed who have 'not at all stressful' lives.
- For those unemployed, 15% report 'very stressful' lives and 26% of indicate 'not at all' stressful lives.

Table #236: Employment by self-rated health

	Excellent	Very good	Good	Fair	Poor
Currently					
employed	68	73	66	56	45
unemployed	20	19	18	15*	#
Employed last 12 months					
52 weeks	56	56	53	45	57*
<52>=40 weeks	9	13	13	15*	#
<40>=20 weeks	24	20	22	28	27
<20 weeks	10	11	13	12*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #237: Employment by stress levels

	Very stressful	Somewhat stressful	Not very stressful	Not at all stressful
Currently				
employed	70	75	66	42
unemployed	15	16	18	26
Employed last 12 months				
52 weeks	54	59	51	44
<52>=40 weeks	10*	11	16	8*
<40>=20 weeks	21	21	22	32
<20 weeks	15	9	11	16

* qualified sampling variation, use with caution.

Table #238: Employment by quality of life

	Excellent	Very good	Good	Fair	Poor
Currently					
employed	71	73	64	46	66*
unemployed	19	17	17	21	#
Employed last 12 months					
52 weeks	57	58	52	33	74*
<52>=40 weeks	10	11	14	20*	#
<40>=20 weeks	20	25	21	25	#
<20 weeks	13	7	14	21	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #239: Employment by community

	Whitehorse	Other
Currently		
employed	71	60
unemployed	17	20
Employed last 12 months		
52 weeks	60	45
<52>=40 weeks	12	12
<40>=20 weeks	20	26
<20 weeks	9	17

SECTION PROFILE #17

	Community health *(excellent, very good, good)* % of pop	Family health % of pop	Basic needs *difficult to meet* % of pop	Neg. affected by stress *demands at work* % of pop
Yukon				
All	67	89	14	45
Age				
15-24	58	88	21	38
25-44	70	90	15	51
45-64	65	89	8	38
65+	67	87	11*	30*
Sex				
Male	66	88	15	44
Female	67	90	14	47
Location				
Whitehorse	71	89	12	45
Other	58	89	18	45
Income Adequacy				
Poor	58	85	29	34
Middle	68	89	13	45
Rich	71	92	3*	55
Employment				
Employed	68	93	10	48
Unemployed64	84	20	36	
Education				
Secondary or less	65	87	17	37
Post secondary	68	92	11	54
Qualitative				
Emotional	67	90	12	48
Social	69	90	13	46
Spiritual	63	89	14	47
Physical	68	90	12	45
Dependents				
With	70	90	17	45
Marital Status				
Single	68	83	18	42
With partner 66	92	11	47	
Separated, divorced, or widowed64		87	19	44
Other				
Smoker	67	84	24	46
Heavy drinker	58	84	30	42
Live in Yukon > 5 yrs	67	88	14	44

* qualified sampling variation, use with caution.

5.3 Services Utilization

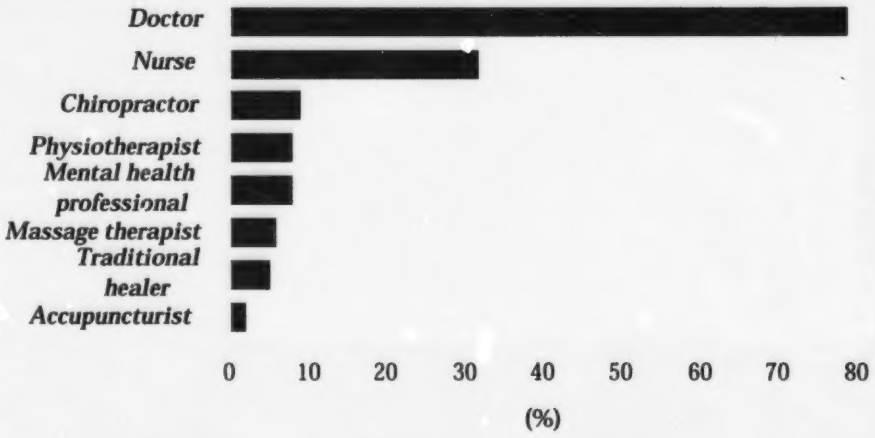
HEALTH PROFESSIONS

The use of health care facilities carries a high price. This price is part of the government expenditure for our health and represents a major portion of the total government budget. Use of health professionals, as would be expected, is correlated with age and gender. What other variables are related to the use of health professionals and health services?

5.3.1 Practitioners and services

The Y.H.P.S. included one question that solicited the identification of which health professionals were used over the past 12 months. This question was further supplemented by an identification of which health professionals were used most often. In addition, a single question provided further information on the use of some medical tests.

GRAPH #126
HEALTH PROFESSIONAL UTILIZATION BY POPULATION
By Health Professional - All Yukoners



Which health professionals are used the most?

- Seventy-nine percent (79%) of all Yukoners indicate that they had visited a doctor in the past 12 months—85% of women and 72% of men. The use of doctors is uniform across all ages.
- The next most commonly used health professionals are nurses, with 32% of the population visiting at least one in the past 12 months. A larger proportion of women (35%) see nurses in comparison to 28% for men.
- Chiropractors are used by almost one in ten Yukoners (9%) while mental health professionals and physiotherapists are used by 8% of the population. Women utilize mental health professionals at a rate almost three times that of men (11% versus 4%).
- Community health representatives are used by 7% of Yukoners and are used most commonly in the communities (24% outside of Whitehorse versus 4% within Whitehorse).
- Massage therapists are used by 6% of the population, traditional healers by 5%, and acupuncturists by 2%.

Table #240: Health professional utilization by gender

In the past 12 months visited	All	Female	Male
doctor	79	86	72
nurse	32	36	28
community health representative	7	8	6
mental health professional/counselor	8	11	4
physiotherapist	8	9	7
chiropractor	9	8	10
massage therapist	6	6	6
traditional healer	5	4	5
acupuncturist	2	2*	2*

* qualified sampling variation, use with caution.

Table #241: Health professional utilization by age groups

In the past 12 months visited	15-24	25-44	45-64	65+
doctor	79	79	79	78
nurse	40	30	28	40
community health representative	7	6	8	15*
mental health professional/counselor	7	9	6	#
physiotherapist	5*	9	8	#
chiropractor	4*	12	8	#
massage therapist	#	8	7	#
traditional healer	4*	4	6	#
acupuncturist	#	2*	4*	#

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #242: Health professional utilization by income adequacy

In the past 12 months visited	Poor	Other poor	Lower middle	Upper middle	Rich
doctor	71	81	76	83	77
nurse	36	41	31	29	32
community health representative	15*	11*	7	6	5*
mental health professional/counselor	#	7*	8	8	7
physiotherapist	#	5*	7	9	10
chiropractor	#	6*	11	10	11
massage therapist	#	#	7	6	9
traditional healer	#	#	5	3*	8
acupuncturist	#	#	3*	#	3*

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #243: Health professional utilization by self-rated health

	Excellent	Very good	Good	Fair	Poor
In the past 12 months visited					
doctor	72	80	79	91	85
nurse	25	29	34	49	65
community health representative	3*	6	7	8*	40
mental health professional/counselor	6	7	8	15*	#
physiotherapist	8	7	7	14*	#
chiropractor	8	10	8	10*	#
massage therapist	6	5	7	7*	#
traditional healer	3*	4	5	#	22*
acupuncturist	#	#	2*	8*	#

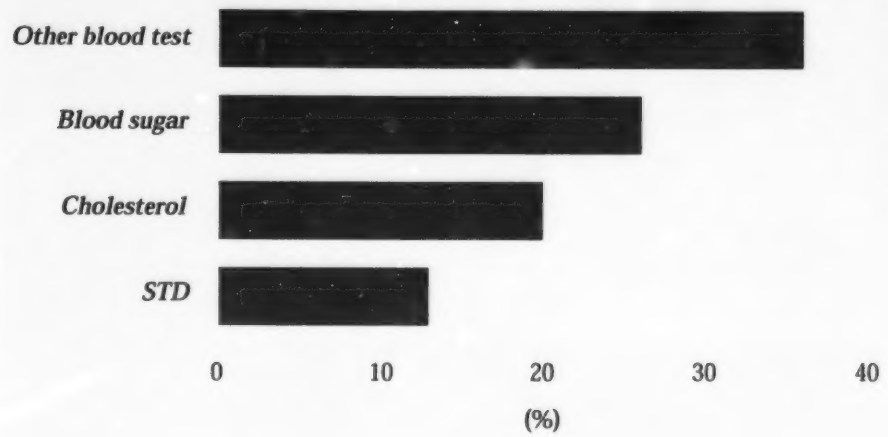
* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

Table #244: Health professional utilization by community

	Whitehorse	Other
In the past 12 months visited		
doctor	78	80
nurse	23	48
community health representative	4	14
mental health professional/counselor	8	6
physiotherapist	10	4
chiropractor	10	7
massage therapist	6	6
traditional healer	4	6
acupuncturist	2	2*

* qualified sampling variation, use with caution.

GRAPH #127
INCIDENCE OF SELECTED BLOOD TESTING
By Test - All Yukoners



What kind of testing is used on Yukoners?

- Twenty percent (20%) of the population of Yukon had a cholesterol test in the 12 months preceding the survey. The largest proportion of these individuals are in the age group 65 years and over (44% of this age group) while the lowest proportion was of the age group 15-24 (13%).
- Thirteen percent (13%) of the population reported having had a test for an STD. Fifty percent more females (15%) undergo this test than do males (10%). The highest proportion of the 15-44 year old group (15% for 15 to 24 years and 14% for 25 to 44 years) took this form of test.
- Blood sugar tests were done on 26% of the Yukon population with 31% of all females and 22% of all male receiving this form of test. This form of test is performed on an increasing proportion of the population as it ages—from 26% of the 15-24 year olds to 42% of those aged 65 years and over.
- Thirty-six percent (36%) of the Yukon population had some other type of blood test with 43% of all women and 30% of all men receiving the tests.

Table #245: Blood testing by gender

In the past 12 months had	All	Female	Male
cholesterol test	20	22	19
STD test	13	15	10
blood sugar test	26	31	22
other blood test	36	43	30

Table #246: Blood testing by age groups

In the past 12 months had	15-24	25-44	45-64	65+
cholesterol test	13	15	33	44
STD test	15	14	9	#
blood sugar test	26	22	32	42
other blood test	37	34	39	46

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SECTION PROFILE #18

	Have family doctor	Visited doctor *In past 12 months*	Visited CHR/nurse *In past 12 months*	Visited physiotherapist *In past 12 months*
	% of pop	% of pop	% of pop	% of pop
Yukon				
All	82	79	34	8
Age				
15-24	79	79	42	5*
25-44	80	79	32	9
45-64	87	79	30	8
65+	90	78	43	#
Sex				
Male	75	72	30	7
Female	89	86	39	9
Location				
Whitehorse	82	78	25	10
Other	83	80	52	4
Income Adequacy				
Poor	81	77	45	5*
Middle	81	80	31	8
Rich	85	77	33	10
Employment				
Employed	82	81	31	8
Unemployed74	73	34	9	
Education				
Secondary or less	81	77	40	7
Post secondary	83	82	27	9
Qualitative				
Emotional	82	80	35	9
Social	83	79	33	8
Spiritual	85	80	38	9
Physical	82	80	34	8
Dependents				
With	86	82	36	9
Marital Status				
Single	72	71	32	10
With partner 84	82	34	7	
Separated, divorced, or widowed89		82	39	9
Other				
Smoker	82	78	36	10
Heavy drinker	81	81	46	7
Live in Yukon > 5 yrs	85	78	35	9

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

SECTION PROFILE #19

	Cholesterol testing *in past 12 months* % of pop	STD testing *in past 12 months* % of pop	Blood sugar testing *in past 12 months* % of pop
Yukon			
All	20	13	26
Age			
15-24	13	15	26
25-44	15	14	22
45-64	33	9	32
65+	44	#	42
Sex			
Male	19	10	22
Female	22	15	31
Location			
Whitehorse	21	13	26
Other	19	12	26
Income Adequacy			
Poor	13	12	18
Middle	20	14	27
Rich	29	9	32
Employment			
Employed	22	13	26
Unemployed	12	14	23
Education			
Secondary or less	19	11	26
Post secondary	23	15	27
Qualitative			
Emotional	20	13	27
Social	21	13	27
Spiritual	22	15	30
Physical	21	13	27
Dependents			
With	18	12	26
Marital Status			
Single	10	19	17
With partner	22	10	29
Separated, divorced, or widowed	30	11	31
Other			
Smoker	19	13	24
Heavy drinker	11	16	18
Live in Yukon > 5 yrs	21	12	26

* qualified sampling variation, use with caution.
\# data suppressed due to high sampling variability.

APPENDIX

Yukon Health Promotion Survey

ASK

WHAT THE SURVEY WILL

YUKON HEALTH
PROMOTION
RESEARCH
PROGRAM
PART 4

HEALTH PROMOTION SURVEY

A SURVEY OF WHAT YUKONERS SAY ABOUT THE CONCEPT OF HEALTH

PART 4

A. INTRODUCTION

The next few questions are about your current health.

A.1 Overall, how would you describe the quality of your life?

❒ excellent ❒ very good ❒ good ❒ fair ❒ poor

A.2 In general, compared to other people your age, would you say your health is ...

❒ excellent ❒ very good ❒ good ❒ fair ❒ poor

A.3 How important are the following for your overall health and well-being?

a) mental and emotional health	❒ very	❒ somewhat	❒ not at all important
b) physical health	❒ very	❒ somewhat	❒ not at all important
c) social relationships	❒ very	❒ somewhat	❒ not at all important
d) spirituality	❒ very	❒ somewhat	❒ not at all important

A.4 Would you describe your ...

a) mental and emotional health as	❒ excellent	❒ very good	❒ good	❒ fair	❒ poor
b) physical health as	❒ excellent	❒ very good	❒ good	❒ fair	❒ poor
c) social relationships as	❒ excellent	❒ very good	❒ good	❒ fair	❒ poor
d) spirituality as	❒ excellent	❒ very good	❒ good	❒ fair	❒ poor

PHYSICAL HEALTH

The next few questions are about physical measurements.

A.5 How tall are you without shoes?

feet/inches _____ *or* *centimeters* _____

A.6 How much do you weigh?

pounds _____ *or* *kilograms* _____

A.7 At what weight do you feel your best?

pounds _____ *or* *kilograms* _____ ❒ *Same as A.6* ❒ *Don't know*

The next few questions are about exercise. By exercise we mean vigorous activities such as aerobics, jogging, racquet sports, team sports, swimming or brisk walking.

A.8 How many times per week, on average, do you exercise? *(Do not read)*

❒ *Daily* ❒ *5-6 times a week* ❒ *3-4 times a week* ❒ *1-2 times a week* ❒ *Less than once a week*

❒ *Never* ❒ *Don't know*

A.9 How many times per week, on average, do you participate in a more leisurely form of exercise such as walking, golfing, stretching or gardening? *(Do not read)*

❒ *Daily* ❒ *5-6 times a week* ❒ *3-4 times a week* ❒ *1-2 times a week* ❒ *Less than once a week*

❒ *Never* ❒ *Don't know*

A.10 Do you feel that you get as much physical activity as you need...

• generally?	❒ *Yes*	❒ *No*	❒ *Don't know*
• in the winter?	❒ *Yes*	❒ *No*	❒ *Don't know*
• how about the summer?	❒ *Yes*	❒ *No*	❒ *Don't know*

A.11 Is there anything preventing you from being MORE physically active?

❒ *No* ❒ *Don't know*

❒ *time*
❒ *money*
❒ *motivation*
❒ *ability*
❒ *interest*
❒ *back problems*
❒ *problem with your joints*
❒ *other* (specify) _____

A.12 Do you feel that you get as much sleep as you need...

- **generally?** ❒ *Yes* ❒ *No* ❒ *Don't know*
- **in the winter?** ❒ *Yes* ❒ *No* ❒ *Don't know*
- **how about the summer?** ❒ *Yes* ❒ *No* ❒ *Don't know*

The next few questions are about your medical history.

A.13 In the past, have you ...

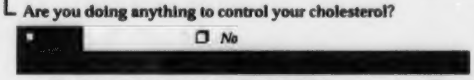
(a) **had heart problems?** ❒ *Yes* ❒ *No* ❒ *Don't know*

(b) **been diagnosed with any type of cancer?** ❒ *Yes* ❒ *No* ❒ *Don't know*
└ **Was this skin cancer?** ❒ *Yes* ❒ *No* ❒ *Don't know*

A.14 Are you presently diagnosed as having (or have you been told by a health care professional that you have) ...

a) **high blood pressure** ***(for women add: except when you were pregnant?)***
❒ *Yes* ❒ *No* ❒ *Don't know*
└ **Are you doing anything to control your blood pressure?** ❒ *Yes* ❒ *No* ❒ *Don't know*

b) **high blood cholesterol?**
❒ *Yes* ❒ *No* ❒ *Don't know*
└ **Are you doing anything to control your cholesterol?**



❒ *No*

❒ *losing weight or maintaining weight loss*
❒ *reducing cholesterol in diet*
❒ *eating less fatty foods*
❒ *other change in diet*
❒ *exercising regularly*
❒ *controlling stress and fatique*
❒ *taking prescribed medication*
❒ *other (specify)* _____

c) **heart problems?** ❒ *Yes* ❒ *No* ❒ *Don't know*
d) **diabetes?** ❒ *Yes* ❒ *No* ❒ *Don't know*
e) **cancer?** ❒ *Yes* ❒ *No* ❒ *Don't know*
f) **arthritis?** ❒ *Yes* ❒ *No* ❒ *Don't know*
g) **asthma?** ❒ *Yes* ❒ *No* ❒ *Don't know*
h) **other** *(please specify)* _____

A.15 During the past year ...

a) **have you ever had pain or aching in your joints (either at rest or moving) for at least one month?** ❒ *Yes* ❒ *No* ❒ *Don't know*
b) **have you ever had pain or aching in your neck or back (either at rest or moving) for at least one month?** ❒ *Yes* ❒ *No* ❒ *Don't know*
c) **have you ever had pain or aching in your hip joint (either at rest or moving) for at least one month?** ❒ *Yes* ❒ *No* ❒ *Don't know*

d) have you ever had swelling of a joint with pain present in the joint lasting for at least one month? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

e) have you ever had stiffness in the joints or muscles when getting out of bed in the morning lasting for at least 15 minutes? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

A.16 IN THE PAST 12 MONTHS, have you been injured?

❒ *Yes* ❒ *No* - [redacted]

└ How many times in the past 12 months have you been injured? ☐☐ *injuries*

A.17 On the most recent occasion, did you require...

a) admission to hospital? ---------- ❒ *Yes* ❒ *No*

b) treatment by a health professional? ---------- ❒ *Yes* ❒ *No*

c) treatment by family, friend or self? ---------- ❒ *Yes* ❒ *No*

d) no treatment was required. ---------- ❒ *Yes* ❒ *No*

A.17.1 Was the principal cause of this injury...

❒ accidental? - [redacted]

❒ intentional? - [redacted]

A.17.2 *(Accidental Injury)*

Did this injury occur ...

❒ while you were in a motor vehicle?

❒ while walking?

❒ while riding a bicycle/motorcycle/ATV? *(specify)* _____

❒ while engaging in a sporting activity? *(specify)* _____

❒ around the home?

❒ on the job?

❒ while engaged in another activity? *(specify)* _____

[redacted]

A.17.3 *(Intentional Injury)*

What or who caused this injury? *(Do not read)*

❒ *your spouse or partner?*

❒ *a family member?*

❒ *a friend?*

❒ *an acquaintance?*

❒ *a stranger?*

❒ *other?* _____

A.17.4 Were alcohol and/or drugs involved?

❒ *Yes* ❒ *No* ❒ *Don't know*

A.11 Is there anything preventing you from being MORE physically active?

❒ *No* ❒ *Don't know*

❒ *time*
❒ *money*
❒ *motivation*
❒ *ability*
❒ *interest*
❒ *back problems*
❒ *problem with your joints*
❒ *other* (specify) _____

A.12 Do you feel that you get as much sleep as you need...

- **generally?** ❒ *Yes* ❒ *No* ❒ *Don't know*
- **in the winter?** ❒ *Yes* ❒ *No* ❒ *Don't know*
- **how about the summer?** ❒ *Yes* ❒ *No* ❒ *Don't know*

The next few questions are about your medical history.

A.13 In the past, have you ...

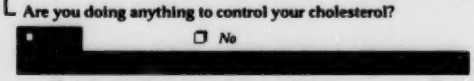
(a) **had heart problems?** ❒ *Yes* ❒ *No* ❒ *Don't know*

(b) **been diagnosed with any type of cancer?** ❒ *Yes* ❒ *No* ❒ *Don't know*
→ **Was this skin cancer?** ❒ *Yes* ❒ *No* ❒ *Don't know*

A.14 Are you presently diagnosed as having (or have you been told by a health care professional that you have) ...

a) **high blood pressure** ***(for women add: except when you were pregnant?)***
❒ *Yes* ❒ *No* ❒ *Don't know*
→ **Are you doing anything to control your blood pressure?** ❒ *Yes* ❒ *No* ❒ *Don't know*

b) **high blood cholesterol?**
❒ *Yes* ❒ *No* ❒ *Don't know*
→ **Are you doing anything to control your cholesterol?**



❒ *No*

❒ *losing weight or maintaining weight loss*
❒ *reducing cholesterol in diet*
❒ *eating less fatty foods*
❒ *other change in diet*
❒ *exercising regularly*
❒ *controlling stress and fatique*
❒ *taking prescribed medication*
❒ *other (specify)* _____

c) **heart problems?** ❒ *Yes* ❒ *No* ❒ *Don't know*
d) **diabetes?** ❒ *Yes* ❒ *No* ❒ *Don't know*
e) **cancer?** ❒ *Yes* ❒ *No* ❒ *Don't know*
f) **arthritis?** ❒ *Yes* ❒ *No* ❒ *Don't know*
g) **asthma?** ❒ *Yes* ❒ *No* ❒ *Don't know*
h) **other** ***(please specify)*** _____

A.15 During the past year ...

a) **have you ever had pain or aching in your joints (either at rest or moving) for at least one month?** ❒ *Yes* ❒ *No* ❒ *Don't know*
b) **have you ever had pain or aching in your neck or back (either at rest or moving) for at least one month?** ❒ *Yes* ❒ *No* ❒ *Don't know*
c) **have you ever had pain or aching in your hip joint (either at rest or moving) for at least one month?** ❒ *Yes* ❒ *No* ❒ *Don't know*

d) have you ever had swelling of a joint with pain present in the joint lasting for at least one month? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

e) have you ever had stiffness in the joints or muscles when getting out of bed in the morning lasting for at least 15 minutes? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

A.16 IN THE PAST 12 MONTHS, have you been injured?

❒ *Yes* ❒ *No* - [redacted]

└ How many times in the past 12 months have you been injured? ☐☐ *injuries*

A.17 On the most recent occasion, did you require...

a) admission to hospital? ---------- ❒ *Yes* ❒ *No*

b) treatment by a health professional? ---------- ❒ *Yes* ❒ *No*

c) treatment by family, friend or self? ---------- ❒ *Yes* ❒ *No*

d) no treatment was required. ---------- ❒ *Yes* ❒ *No*

A.17.1 Was the principal cause of this injury...

❒ accidental? - [redacted]

❒ intentional? - [redacted]

A.17.2 *(Accidental Injury)*

Did this injury occur ...

❒ while you were in a motor vehicle?

❒ while walking?

❒ while riding a bicycle/motorcycle/ATV? *(specify)* _____

❒ while engaging in a sporting activity? *(specify)* _____

❒ around the home?

❒ on the job?

❒ while engaged in another activity? *(specify)* _____

[redacted]

A.17.3 *(Intentional Injury)*

What or who caused this injury? *(Do not read)*

❒ *your spouse or partner?*

❒ *a family member?*

❒ *a friend?*

❒ *an acquaintance?*

❒ *a stranger?*

❒ *other?* _____

A.17.4 Were alcohol and/or drugs involved?

❒ *Yes* ❒ *No* ❒ *Don't know*

B. HEALTH AND SOCIAL SERVICE UTILIZATION

The next few questions are about giving or receiving care from others.

B.1 In the past 30 days, have you helped care for ...

a) a relative who was suffering from a physical or mental health problem? ❒ *Yes* ❒ *No* ❒ *Don't know*
b) a friend who was suffering from a physical or mental health problem? ❒ *Yes* ❒ *No* ❒ *Don't know*
c) a household member who was suffering from a physical or mental health problem? ❒ *Yes* ❒ *No* ❒ *Don't know*

B.2 In the past 30 days, have you experienced a physical or mental health problem for which you received some care from ...

a) a relative ? ❒ *Yes* ❒ *No* ❒ *Don't know*
b) a friend ? ❒ *Yes* ❒ *No* ❒ *Don't know*
c) a household member ? ❒ *Yes* ❒ *No* ❒ *Don't know*

B.3 In the past 12 months have you visited any of the following ...

a) doctor ❒ *No* ❒ *Don't know*
b) nurse ❒ *No* ❒ *Don't know*
c) community health representative ❒ *No* ❒ *Don't know*
d) mental health professional/family counsellor ❒ *No* ❒ *Don't know*
e) physiotherapist ❒ *No* ❒ *Don't know*
f) chiropractor ❒ *No* ❒ *Don't know*
g) massage therapist ❒ *No* ❒ *Don't know*
h) traditional healer ❒ *No* ❒ *Don't know*
i) acupuncturist ❒ *No* ❒ *Don't know*
j) any other practitioner *(please specify)*

_____

B.4 Do you have a family doctor?

❒ *Yes* ❒ *No* ❒ *Don't know*

B.5 Do you believe you have enough choice in health services in the Yukon?

❒ *Yes* ❒ *Don't know*

_____

_____

_____

B.6 In the past 12 months have you had any of the following medical tests?

a) cholesterol testing ❒ *Yes* ❒ *No* ❒ *Don't know*
b) sexually transmitted disease testing ❒ *Yes* ❒ *No* ❒ *Don't know*
c) blood sugar level ❒ *Yes* ❒ *No* ❒ *Don't know*
d) other blood tests ❒ *Yes* ❒ *No* ❒ *Don't know*

** female respondents only*

e) pap smear ❒ *Yes* ❒ *Don't know*
❒ *within the last 2 years*
❒ *2-5 years ago*
❒ *never*

f) mammogram
❒ *Yes* ❒ *Don't know*
❒ *within the last 2 years*
❒ *2-5 years ago*
❒ *never*

[redacted]

B.7 **In the past 12 months have you been advised by a physician to have a mammogram?**

❒ *Yes* ❒ *No*

B.8 **Do you regularly perform self-examination for [breast] or [testicular] cancer?**

❒ *Yes* ❒ *No* ❒ *Don't know*

C. PHYSICAL ENVIRONMENT

The next few questions are about your physical environment.

C.1 **How long have you lived in the Yukon?** ☐☐☐ *months*

C.2 **Do you think that you will be living in the Yukon five years from now?**

❒ *Yes*

[redacted]

Do you think you'll still be living in the same neighbourhood?

❒ *Yes* ❒ *No* ❒ *Don't know*

C.3 **Living in the Yukon, do you feel....**

a)	a sense of community?	❒ *Yes*	❒ *No*	❒ *Don't know*
b)	safe walking alone in the evening?	❒ *Yes*	❒ *No*	❒ *Don't know*
c)	isolated and alone?	❒ *Yes*	❒ *No*	❒ *Don't know*
d)	the need periodically to visit larger towns or cities?	❒ *Yes*	❒ *No*	❒ *Don't know*

C.4 **Does your home have...**

a)	running water?	❒ *Yes*	❒ *No*	❒ *Don't know*
b)	sewage or septic?	❒ *Yes*	❒ *No*	❒ *Don't know*
c)	electricity?	❒ *Yes*	❒ *No*	❒ *Don't know*
d)	laundry facilities?	❒ *Yes*	❒ *No*	❒ *Don't know*
e)	telephone? *(personal interviews only)*	❒ *Yes*	❒ *No*	❒ *Don't know*

C.5 a) **What is the approximate square footage of the living space in your home?**

☐☐☐☐ *square feet* ❒ *Don't know*

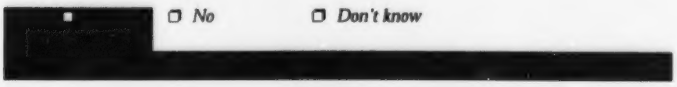
b) Number of bedrooms? ☐ bedrooms

c) Do you think you have enough space in your home? ❒ *Yes* ❒ *No* ❒ *Don't know*

C.6 **Do you, or others in your household. . .**

a)	recycle papers, bottles, cans?	❒ *Yes*	❒ *No*	❒ *Don't know*	❒ *Not applicable*
b)	compost fruit and vegetable waste?	❒ *Yes*	❒ *No*	❒ *Don't know*	❒ *Not applicable*
c)	set the water heater thermostat at 50 °C or less	❒ *Yes*	❒ *No*	❒ *Don't know*	❒ *Not applicable*
d)	buy products made of recycled materials?	❒ *Yes*	❒ *No*	❒ *Don't know*	❒ *Not applicable*
e)	usually pick up litter?	❒ *Yes*	❒ *No*	❒ *Don't know*	❒ *Not applicable*
f)	regularly use sun screen or sun protection in the summer?	❒ *Yes*	❒ *No*	❒ *Don't know*	❒ *Not applicable*
g)	boil river, lake or creek water before drinking?	❒ *Yes*	❒ *No*	❒ *Don't know*	❒ *Not applicable*

C.7 **During the past 12 months, do you think that environmental pollution (indoor/ outdoor) has affected your health?**



❒ *No* ❒ *Don't know*

D. MENTAL AND EMOTIONAL

The following questions are about your health and well-being.

D.1 **Would you describe your life as. . .**

❒ Very stressful? ❒ Somewhat stressful?

If very or somewhat stressful...

Which of the following best describes the source of your stress? *(check all that apply)*

a) spouse or partner *(if applicable)*	❒ *Yes*	❒ *No*	❒ *Don't know*
b) family	❒ *Yes*	❒ *No*	❒ *Don't know*
c) friends	❒ *Yes*	❒ *No*	❒ *Don't know*
d) community	❒ *Yes*	❒ *No*	❒ *Don't know*
e) work	❒ *Yes*	❒ *No*	❒ *Don't know*
f) school	❒ *Yes*	❒ *No*	❒ *Don't know*
g) other *(please specify)* _____			

D.2 **Here is a list that describes some of the ways people feel at different times. During the past few weeks, how often have you felt ...**

a) on top of the world?	❒ Often	❒ Sometimes	❒ Never
b) very lonely or remote from other people?	❒ Often	❒ Sometimes	❒ Never
c) particularly excited or interested in something?	❒ Often	❒ Sometimes	❒ Never
d) depressed or very unhappy?	❒ Often	❒ Sometimes	❒ Never
e) pleased about accomplishing something?	❒ Often	❒ Sometimes	❒ Never
f) bored?	❒ Often	❒ Sometimes	❒ Never
g) proud because someone complimented you on something you had done?	❒ Often	❒ Sometimes	❒ Never
h) so restless you couldn't sit long in a chair?	❒ Often	❒ Sometimes	❒ Never
i) that things were going your way?	❒ Often	❒ Sometimes	❒ Never
j) upset because someone criticized you?	❒ Often	❒ Sometimes	❒ Never

E. SOCIAL HEALTH

E.1 **For each of the following statements, please state if you agree, disagree, or have no opinion.**

a) I am responsible for the state of my health	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
b) I'm fine the way I am	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
c) My appearance is very important to me	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
d) In order to care for others, I have to look after myself first	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
f) I worry about what other people think of me	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
g) My relationships with other people are important to my health and well-being	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
h) I have difficulty seeing things from someone else's point of view	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
i) I have at least one person I can confide in	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
j) My spouse or partner is supportive *(if applicable)*	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
k) My family is not supportive	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
l) I prefer to work alone rather than with other people	❒ *Agree*	❒ *Disagree*	❒ *No opinion*
m) I am involved regularly in community activities	❒ *Agree*	❒ *Disagree*	❒ *No opinion*

F. SPIRITUAL

F.1 Do you consider yourself to be....

- ❒ very spiritual or religious
- ❒ moderately spiritual or religious
- ❒ not very, or
- ❒ not at all spiritual or religious?
- ❒ *don't know*

F.2 Do spiritual values and/or your faith play an important role in your life?

❒ *Yes* ❒ *No* ❒ *Don't know*

F.3 Are you an active member of an organized religion? ❒ *Yes* ❒ *No*

G. SOCIO-CULTURAL

G.1 Do you consider yourself to be a First nations person (Indian, Metis, Inuit)?

[redacted] ❒ *No* ❒ *No answer*

[redacted] ----------❒ *Yes* ❒ *No*

[redacted] ----------❒ *Yes* ❒ *No*

G.2 Compared to other communities in the Yukon, how would you rate the overall health of your community?

❒ excellent ❒ very good ❒ good ❒ fair ❒ poor ❒ no opinion

In your opinion, what is the most important health issue in your community?

_____

_____

G.3 Compared to other families in your community, how would you rate the overall health of your family?

❒ excellent ❒ very good ❒ good ❒ fair ❒ poor ❒ no opinion

In your opinion, what is the most important health issue to your family?

_____

_____

G.4 For each of the following statements, please state if you "agree" or "disagree".

a) I don't make time for myself ----------❒ *Agree* ❒ *Disagree* ❒ *No opinion*

b) I have felt discriminated against ----------❒ *Agree* ❒ *Disagree* ❒ *No opinion*

c) Someone I know in the Yukon is living in a violent or abusive family situation ----------❒ *Agree* ❒ *Disagree* ❒ *No opinion*

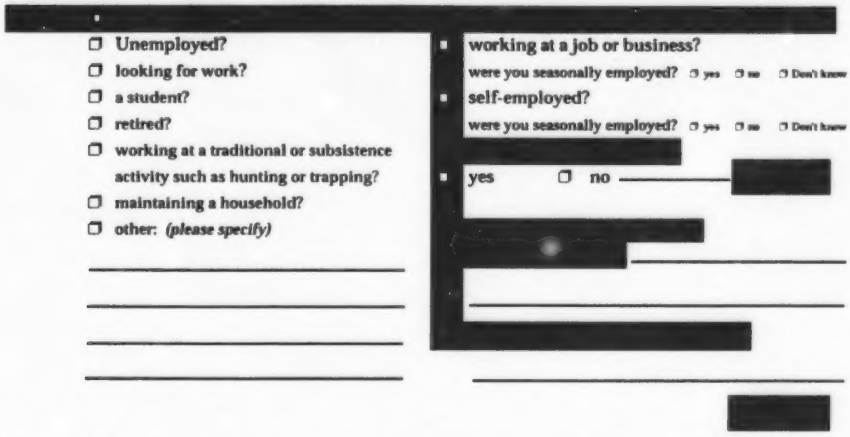
d) I have recently been pushed, hit or assaulted ----------[redacted] ❒ *Disagree* ❒ *No opinion*

❒ *Yes* ❒ *No*

e) It is difficult for me to afford the basic necessities of food, clothing and shelter ----------❒ *Agree* ❒ *Disagree* ❒ *No opinion*

The next few questions are about your employment status during the past 12 months.

G.5 Which of the following best describes your principal activity during the past 12 months? Were you . . .



G.6 Did you have a job or business at any time during the past 12 months?

☐ *Yes*

19☐☐

G.7 Are you CURRENTLY employed?

☐ *Yes*

(a) What kind of business, industry or service is it? _____

_____

(b) What kind of work do you do? _____

_____

G.8 How many weeks did you work at a job or business during the past 12 months? (Include vacation, illness, strikes, lock-outs and maternity/paternity leave)

☐☐ *weeks*

G.9 IN YOUR WORK, have any of the following negatively affected your health and well-being in the past 12 months...

a)	Stress and/or demands of the job	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
b)	Risk of injury or accident in the work place	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
c)	Job security	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
d)	Hours and/or schedules of your work	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
e)	Problems balancing home and work life	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
f)	Shift work	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
g)	Child care	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
h)	Relations between workers and/or superiors	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*
i)	Physical work environment	☐ *Yes*	☐ *No*	☐ *Don't know*	☐ *Not applicable*

j) Other *(please specify)*: _____

_____

G.10 In your work how much hard physical labour is required? Would you say ...

❒ a great deal ❒ a moderate amount ❒ a little ❒ none

G.11 How many paid or unpaid vacation days have you taken in the past 12 months?

☐☐ ❒ Don't know

[redacted] How long has it been since you took your last vacation? ☐☐ *months*

G.12 a) In the past year, how many days were you away from work because you were sick, injured or disabled?

☐☐ *days* ❒ *Don't know* [redacted]

b) in the past 30 DAYS? ☐☐ *days* ❒ *Don't know*

H. HEALTH RISKS AND BARRIERS

H.1 Are you limited in the kind or amount of activity you can do because of a long term illness, physical condition or health problem? By long term I mean a condition that has lasted or is expected to last more than 6 months.

❒ *Yes* ❒ *No*---------- [redacted]

H.2 Are your activities limited ...

a) At home? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know* ❒ *Not applicable*

b) At work or school? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know* ❒ *Not applicable*

c) In other activities *(such as leisure time activities, transportation, etc.)* ? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know* ❒ *Not applicable*

H.3 How well do you feel you are coping with this limitation? Would you say ...

❒ very successful ❒ somewhat successful ❒ not very successful ❒ not at all successful ❒ Don't know

H.4 How important is each of the following in coping with your limitation? Is it "Very important", "Somewhat important" or "Not at all important"?

a) Medical treatment you received? -❒ *very* ❒ *somewhat* ❒ *not at all* ❒ *Don't know*

b) Your family or friends? ----------❒ *very* ❒ *somewhat* ❒ *not at all* ❒ *Don't know*

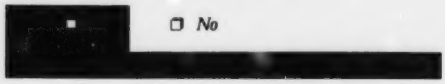
c) Your general state of health? -------❒ *very* ❒ *somewhat* ❒ *not at all* ❒ *Don't know*

d) Your own determination? ----------❒ *very* ❒ *somewhat* ❒ *not at all* ❒ *Don't know*

e) Prayer or spiritual help? ----------❒ *very* ❒ *somewhat* ❒ *not at all* ❒ *Don't know*

The next few questions are about safety.

H.5 Do you ride a bicycle?

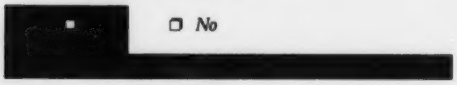


❒ *No*

❒ don't have a helmet

❒ always ❒ most of the time ❒ sometimes ❒ rarely or never

H.6 Have you ridden on an all terrain vehicle (ATV), motorcycle, or snowmobile in the past 12 months?



❒ *No*

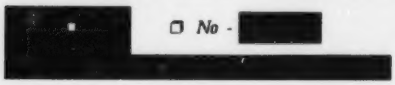
❒ don't have a helmet

❒ always ❒ most of the time ❒ sometimes ❒ rarely or never

During the past 12 months, have you driven an ATV, motorcycle, or snowmobile after having two or more alcoholic drinks in the previous hour?

❒ *Yes* ❒ *No* ❒ *Don't know*

H.7 Have you ridden in a motorboat, sailboat or canoe in the past 12 months?



❒ *No* -

❒ always ❒ most of the time ❒ sometimes ❒ rarely or never

During the past 12 months, have you been in a motorboat, sailboat or canoe (of any kind) after having two or more alcoholic drinks in the previous hour?

❒ *Yes* ❒ *No* ❒ *Don't know*

H.8 How often do you use seat belts when you ride in a car or truck?

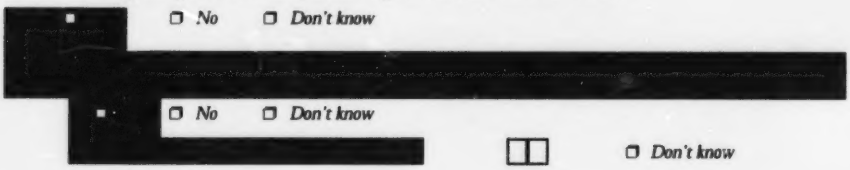
❒ always ❒ most of the time ❒ sometimes ❒ rarely or never

H.9 In a car or truck do you ensure that the children with you have their seat belts fastened or are in car seats?

❒ always ❒ most of the time ❒ sometimes ❒ rarely or never

❒ don't drive with children in car

H.10 During the past 12 months, have you driven a car or truck?



❒ *No* ❒ *Don't know*

❒ *No* ❒ *Don't know*

☐☐ ❒ *Don't know*

H.11 In your household ..

is there ...

a) a smoke alarm that works? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*
b) a first-aid kit? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*
c) a household member trained in first aid? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*
d) a fire extinguisher that works? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

do you ...

e) have emergency telephone numbers posted by a telephone? ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*
f) discard prescriptions or pills after their expiry date? --- ❒ *Yes* ❒ *No* ❒ *Don't know*

H.12 Do you have guns in your home? ☐ No ☐ Don't know

☐ Yes ☐ No ☐ Don't know

☐ Yes ☐ No ☐ Don't know

H.13 Today, AIDS and other sexually transmitted diseases are a major health concern. The following questions are important in dealing with this health issue.

Have you been sexually active in the past 12 months?

☐ Yes ☐ No

How many people have you had sex with in the past 12 months? ☐☐ people

With your current/most recent sexual partner, do you use condoms?

☐ all the time ☐ most of the time ☐ sometimes ☐ never

H.14 In the past few years have you changed your sexual behaviour due to what you have learned about sexually transmitted diseases and/or AIDS?

☐ No

☐ Yes ☐ No

I. CHILDREN'S HEALTH

The next few questions have to do with children and family.

I.1 Do you have children 14 years of age or under?

☐ No ☐☐

I.3 How many live births have you had? ☐☐

I.4 Did you ever have to leave your Yukon community to give birth?
☐ Yes ☐ No

I.5 How many miscarriages have you had? ☐☐

I.6 Are you currently expecting a child?

☐ No ☐ Don't know

☐ No ☐ Don't know

I.2 *(only if applicable)* Is your partner/spouse expecting a child?

☐ No ☐ Don't know

☐ Yes ☐ No ☐ Don't know

■ Interviewer see response in I.1 - If "no" then go to I.15

I.7 Were any of your children breast fed?

☐ Yes

I.8a Was your youngest child breast fed? [redacted]

I.8b At what age was your youngest child first fed solid foods?

☐☐ *months* ☐ *Don't know*

I.9 Did you usually put this child into bed with a bottle?

[redacted] ☐ *No* ☐ *Don't know*

I.10 How often does your youngest child usually floss his/her teeth?

☐ daily ☐ at least once a week ☐ rarely/never ☐ too young, has no teeth

I.11 How often does your youngest child usually brush his/her teeth?

☐ daily ☐ at least once a week ☐ rarely/never ☐ too young, has no teeth

I.12 In the past 12 months how many times did he or she visit a dentist? ☐☐ *visits*

I.13 When riding a bicycle, does this child wear a protective helmet?

☐ always ☐ sometimes ☐ doesn't ride bikes
☐ most of the time ☐ rarely/never ☐ doesn't have helmet

I.14 In the past 12 months have any of your children received care for accidental poisoning (excluding food poisoning)?

☐ *Yes* ☐ *No* ☐ *Don't know*

I.15 In your home, are all medications and poisons out of the reach of children?

☐ *Yes* ☐ *No* ☐ *Some* ☐ *Don't know*

I.16 Are they locked away?

☐ *Yes* ☐ *No* ☐ *Some* ☐ *Don't know*

J. DENTAL HEALTH

The next few questions are about your dental health.

J.1 Are you in need of dental care? ☐ *Yes* ☐ *No* ☐ *Don't know*

J.2 Have you visited a dentist in the past 12 months?

[redacted] [redacted] ☐ *Don't know*

☐ emergency treatment,
☐ preventative (check up or cleaning),
☐ non-emergency treatment, or
☐ cosmetic?

☐ there was no need
☐ no dental services available
☐ cost
☐ fear
☐ other _____

J.3 Are you covered by a dental insurance plan?

☐ *Yes* ☐ *No* ☐ *Don't know*

J.4 How often do you floss your teeth?

☐ *daily* ☐ *at least once a week* ☐ *rarely/never* ☐ *no natural teeth*

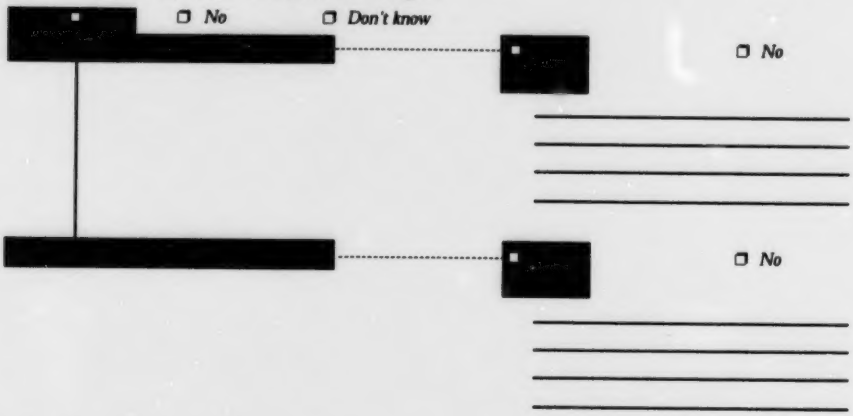
J.5 How often do you brush your teeth?

☐ *daily* ☐ *at least once a week* ☐ *rarely/never* ☐ *no natural teeth*

K. NUTRITION

The next questions are about nutrition.

K.1 Are you trying to change your weight?



K.2 In your opinion, are you eating well enough to maintain good health?

❒ *Yes* ❒ *No* ❒ *Don't know*

What is the major factor that influences the way you eat?

K.3 In answering this question about nutrition, tell me how many servings of the following foods you ate YESTERDAY (a serving is one helping or portion of a single food).

Dairy Products

____ whole milk

____ 1% or 2% milk

____ skim milk

____ yogurt, pudding or ice cream

____ cheese or cheese products

____ other dairy products *(specify)* _____

Fruit and vegetables

____ wild plants such as berries, shoots, roots or leaves

____ oranges or grapefruit

____ orange, apple or grapefruit juice

____ other fresh, canned or frozen fruit *(specify)* _____

____ other fresh, canned or frozen vegetables (inc. potatoes) *(specify)* _____

Meat and alternates

____ beef, lamb or pork
____ large game: caribou, moose or wild sheep
____ liver
____ small game: rabbits, gophers
____ poultry (such as chicken or turkey)
____ ptarmigan, duck, grouse or geese
____ fish
____ peanut butter
____ eggs
____ dried beans, peas, seeds or nuts
____ other *(specify)* _____

Breads and cereals

____ bread, bannock or muffins
____ cereal
____ rice, noodles or pasta
____ other *(specify)* _____

Beverages

____ coffee or tea
____ colas
____ water
____ other *(specify)* _____

K.4 In a typical week, what proportion of the food you eat is hunted, fished or gathered?

❒ none ❒ some ❒ half ❒ most ❒ all

K.5 In a typical week, do you usually, sometimes or rarely...

a) Skip breakfast ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
b) Eat three meals a day ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
c) Snack between meals ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
d) Eat meals with your family ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
e) Eat at restaurants or fast food outlets ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
f) Eat fried or fatty foods ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
g) Eat foods high in fiber such as whole wheat or whole grain foods, raw fruits or vegetables ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
h) Try to include calcium rich foods in your diet ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
i) Try not to eat foods high in salt (such as ham, processed meats, chips or pretzels) ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
j) Buy calorie reduced food items ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
k) Buy food with lowered fats and oils ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
l) Read and understand nutritional information on food labels ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
m) Follow Canada's Food Guide when planning your meals ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*
n) Buy pre-prepared or convenience foods for meals ---- ❒ *usually* ❒ *sometimes* ❒ *rarely* ❒ *Don't know*

K.6 Is there one factor that would improve the way you eat?

❒ *No* ❒ *Do not know*

_____

_____

L. ALCOHOL AND DRUGS

The next few questions are about smoking.

L.1 **Have you ever smoked cigarettes?**

❒ *Yes* [redacted]

L.2 **At the present time do you smoke cigarettes?**

[redacted] ❒ *No* [redacted]

[redacted] ❒ *No*

L.3 **Have you ever tried to quit?** ❒ *Yes* [redacted]

L.4 **On the most recent occasion, how long did you abstain from smoking?** ☐☐ *months*

L.5 **What method did you use to quit?** *(specify)* _____

L.6 **How many of the people living in your household smoke daily?** ***(IF SMOKER, ADD:*** **"including yourself")**

☐☐ *people*

The next questions are about your use of drugs.

L.7 **Have you ever used a needle to inject prescribed or other drugs?**

[redacted] ❒ *No* ☐☐

[redacted] ❒ *No* ❒ *Don't know*

❒ *Yes* ❒ *No*

L.8 **Have you ever used ...**

❒ **marijuana or hashish?**

[redacted] ❒ *No* ☐☐

[redacted] ❒ *No* ❒ *Don't know*

❒ *Yes* ❒ *No*

❒ **cocaine?**

[redacted] ❒ *No* ☐☐

[redacted] ❒ *No* ❒ *Don't know*

❒ *Yes* ❒ *No*

❒ **other drugs, such as speed, heroin, LSD (acid) or other hallucinogens** ***(PCP, mushrooms, designer drugs)***

[redacted] ❒ *No* ☐☐

[redacted] ❒ *No* ❒ *Don't know*

❒ *Yes* ❒ *No*

❒ **solvents or other inhalants?** *(such as glue or gasoline)*

[redacted] ❒ *No* ☐☐

[redacted] ❒ *No* ❒ *Don't know*

❒ *Yes* ❒ *No*

The next few questions are about alcohol.

L.9 **During the past 12 months, have you had a drink of any alcoholic beverage? By drink we mean a bottle of beer, glass of wine, or a shot of liquor, either straight or in a mixed drink.**

[redacted] ❒ *No*

L.10 **Have you ever had a drink?**

❒ *Yes* ❒ *No* ---------- [redacted]

L.11 **Did you ever drink on a regular basis?**

❒ *Yes* ❒ *No*

L.12(a) **As a result of your drinking have you ...**

ever felt the need to cut down on drinking? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*
ever felt annoyed by criticism of drinking? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*
ever had guilty feelings about drinking? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*
ever taken a morning eye opener? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*

L.12(b) **Because of your drinking, have you ...** ----------

ever been in a fight? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*
ever experienced a break-up of a relationship? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*
ever broken any bones? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*
ever lost a job? ----------	❒ *Yes*	❒ *No*	❒ *Don't know*

L.13 **How many times have you had FIVE or more drinks on one occasion ...**

a) in the past 12 months? [redacted]

b) in the past 30 days? ☐☐

L.14 **What is the highest number of drinks you can recall having on any one occasion ...**

a) in the past 12 months? ☐☐

b) in the past 30 days? ☐☐

L.15 **Do you usually have a drink at least once a week?**

[redacted] ❒ *No* — [redacted]

☐☐ *times per week* - [redacted]

(a) Do you usually have a drink at least once a month?

[redacted] ❒ *No* — [redacted]

☐☐ *times per month* - [redacted]

(b) Do you usually have a drink at least once a year?

[redacted] ❒ *No* — [redacted]

☐☐ *times per year* - [redacted]

L.16 **On the days that you drank, how many drinks did you usually have?** ☐☐ *drinks*

L.17 **What type of alcoholic beverage do you usually drink?** ❒ **Beer** ❒ **Wine** ❒ **Spirits**

M. HEALTH KNOWLEDGE

The next few questions concern sources of health information.

M.1 For each of the following statements, please state if you agree or disagree.

a) I do not have enough sources of information about health --- ❒ *Agree* ❒ *Disagree* ❒ *Don't know*

b) I find it hard to know who to believe about health issues ---- ❒ *Agree* ❒ *Disagree* ❒ *Don't know*

c) I only seek information when I have an immediate ----------
health problem ---------- ❒ *Agree* ❒ *Disagree* ❒ *Don't know*

M.2 In the past 12 months, did you do something to improve your health?

❒ *Yes* [redacted]

└ What was the reason (for doing something to improve your health)? _____

_____

M.3 What is the single most important change you have made in the past 12 months to improve your health? *(DO NOT READ, MARK ONLY ONE)*

❒ *increased exercise, sports or physical activity*
❒ *lost weight*
❒ *changed diet or eating habits*
❒ *quit smoking/reduced amount smoked*
❒ *reduced drug/medication use*
❒ *drank less alcohol*
❒ *managed or reduced blood pressure*
❒ *managed or reduced cholesterol*
❒ *managed or reduced stress*
❒ *changed physical environment*
❒ *received medical treatment*
❒ *changed sexual behaviour or reduced risk of STD's*
❒ *improved dental hygiene*
❒ *other (specify)* _____

_____

_____

M.4 Did any of the following help you to make this change?

a) support from family and friends ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

b) increased knowledge of health risks ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

c) changes in legislation or by-laws ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

d) new policy or program at school or work ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

e) change in life situation *(eg. marital status, employment, moving home, etc.)* ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

f) advice or support of health professional(s) ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*
└ *(specify)* _____

_____

g) self-help or mutual aid group *(eg. AA, Weight Watchers)* ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

h) other people setting an example ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

i) changes in social values ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

j) commercial products or services ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

k) prayer or spiritual guidance ---------- ❒ *Yes* ❒ *No* ❒ *Don't know*

M.5 **Considering the health topics we've discussed in this questionnaire, is there anything you intend to change to improve your health in the next year?**
(DO NOT READ, MARK ALL THAT APPLY) *(PROBE:* Anything else?*)*

- ❒ *nothing*
- ❒ *increase exercise, sports or physical activity*
- ❒ *lose weight*
- ❒ *change diet or eating habits*
- ❒ *quit smoking/reduce amount smoked*
- ❒ *reduce drug/medication use*
- ❒ *drink less alcohol*
- ❒ *manage or reduce blood pressure*
- ❒ *manage or reduce cholesterol*
- ❒ *learn to manage or reduce stress*
- ❒ *change physical environment*
- ❒ *receive medical treatment*
- ❒ *change sexual behaviour or reduce risk of STDs*
- ❒ *improve dental hygiene*
- ❒ *other (specify)* _____

M.6 **In the past 12 months, has your knowledge of health risks increased?**

[redacted] ❒ *No* ❒ *Don't know*

- ❒ personal experience
- ❒ experience of family or friends
- ❒ media - television, radio or newspaper
- ❒ government material
- ❒ books or magazines
- ❒ by word of mouth
- ❒ health care practitioners (specify) _____
- ❒ other _____

N. FAMILY STRUCTURE

The next questions will help us build a "picture" of Yukon families.

[redacted]

O. DEMOGRAPHIC/EDUCATION/INCOME

O.1 **What is your current marital status? Are you ...**

- ❒ Single (never married)?
- ❒ Living with a spouse or partner?
- ❒ Separated, Divorced or Widowed?

O.2 **What is the highest grade or level of education you have ever attended or completed?**

(MARK ONLY ONE)

- ❒ *No schooling*
- ❒ *Some elementary*
- ❒ *Completed elementary*
- ❒ *Some secondary*
- ❒ *Completed secondary*
- ❒ *Some community college, technical college, CEGEP or nurse's training*
- ❒ *Completed community college, technical college, CEGEP or nurse's training*
- ❒ *Some university or teacher's college*
- ❒ *Completed university (e.g BA, MA, Ph. D) or teacher's college*
- ❒ *Other education or training*

O.3 **Now, I will read a range of incomes. What is your best estimate of your total household income in 1991 before tax deductions? Was it ...**

- ❒ less than $10,000
- ❒ between $10,000 and $20,000
- ❒ between $20,000 and $40,000
- ❒ between $40,000 and $60,000
- ❒ between $60,000 and $80,000
- ❒ more than $80,000

❒ *Don't know*

P. POLICY SECTION

P.1 **Are you a parent with children living in your household*(full or part-time)?***
❒ *Yes* ❒ *No -- thank respondent and end.*

P.2 **As a parent, what do you consider is the most challenging issue you face in raising your children?**

_____

_____

P.3 **What do you do to deal with this issue?**

_____

_____

P.4 **Have any of the following been useful to you in dealing with this issue?**
(MARK ALL THAT APPLY)

a) **Books, articles or videos** ---------- ❒ *Yes* ❒ *No*

b) **Support/advice from professionals/resource people** ----
(eg. nurses, doctors, teachers, CHR's) ---------- ❒ *Yes* ❒ *No*

c) **Parent groups for information support** ---------- ❒ *Yes* ❒ *No*

d) **Treatment services for children/families** *(eg. healing circles, wilderness treatment camps, counselling)* ------- ❒ *Yes* ❒ *No*

e) **child care services** ---------- ❒ *Yes* ❒ *No*

f) **activities for children** *(eg. sports, camps, clubs)* --------- ❒ *Yes* ❒ *No*

g) **other** *(specify)* _____

P.5 **Which has been most useful to you?** _____

THANK YOU!

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